DEPT.-65

JOB- 28

REEL- 24

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS, AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM NM-1 111-RB) RETAIN—PERM

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E Farber — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS: 2 negative Rolls
1 Positive Roll

Records Management Officer — C P Poole — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 97081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth September 8, 1887.
4. Place of Birth, (Street and Number) Nr. 1744 Harford ave.
5. Full Name of Mother, Elizabeth Schaecher.
6. Mother's Maiden Name, Elizabeth —
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Christian H. Schaecher.
9. Father's Occupation, Plumber & Steam fitting.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Chas R. Elwell M.D.

Address, 1741 Harford ave.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 97082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept. 8th

4. Place of Birth (Street and Number), 1033 Hanover St.

5. Full Name of Mother, Mary Ann Lang

6. Mother's Maiden Name, Martens

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John William Henry Lang.

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Minch

Address, S. W. Cor. Montgomery & Leadenhall Sts.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recovered.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 97083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	No 60 South st
4. Place of Birth (Street and Number),	Sept 8th 1887
5. Full Name of Mother,	Karoline Seay
6. Mother's Maiden Name,	Karoline Schwarshert
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Julius Seay
9. Father's Occupation,	Cabber
Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Mrs C Seebart
Address,	No 733 N Eutaw
Remarks,	

Any Registrar failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers

RETURN OF A BIRTH 97084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 8 1891

4. Place of Birth (Street and Number), 103 Lombard St

5. Full Name of Mother, Ella Sullen

6. Mother's Maiden Name, Tomson

7. Mother's Birthplace, City

8. Full Name of Father, William Sullen

9. Father's Occupation, Painter

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Dr. Daly

Address, 1144 Bank

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ding Co., City Printers and Stationers

RETURN OF A BIRTH 97085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One 2d
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 8th 1887
4. Place of Birth (Street and Number),	527 N Calhoun St
5. Full Name of Mother,	Lena King
6. Mother's Maiden Name,	Lena Hunsitz
7. Mother's Birthplace,	Druidhill P Balto.
8. Full Name of Father,	George King
9. Father's Occupation,	Baker
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Mrs E Seelach.
Address,	No 733 N Paul St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 8th 1887

4. Place of Birth (Street and Number), #942 Freemount Ave.

5. Full Name of Mother, Ella Burke.

6. Mother's Maiden Name, Duffy.

7. Mother's Birthplace, Ireland

8. Full Name of Father, Edward Burke.

9. Father's Occupation, Saloon

10. Father's Birthplace, York Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Hilgart

Address, #1820 N. Monument St

Remarks, 1028 (Vaccinated)

for each offence, to be recovered as other fines and forfeitures are recoverable.

bbing Co., City Printers and Stationers.

RETURN OF A BIRTH 97087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept. 2nd 1894

4. *Place of Birth (Street and Number),* #1920 E. Chase St

5. *Full Name of Mother,* Anna Johnston

6. *Mother's Maiden Name,* " Olsen

7. *Mother's Birthplace,* Sweden

8. *Full Name of Father,* Jno. Johnston

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Hillegeist

Address, #1820 E. Monument St (1638 Fleet Street)

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 97088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or ~~female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 9th 1887.
4. Place of Birth, (Street and Number) E. Fayette No. 1519
5. Full Name of Mother, Louisa Wöehlke
6. Mother's Maiden Name, Louisa Fischer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, ~~George~~ Conrad Woehlke
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Bremen, Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

CITY REGISTERED AND STATIONERY.

RETURN OF A BIRTH 97089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Norman Lee Brewer

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	white race
3. Date of Birth,	September the 9th, 1887
4. Place of Birth, (Street and Number)	Baltimore Battery Ave No 152
5. Full Name of Mother,	Georgana Brewer
6. Mother's Maiden Name,	Tomson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Brewer
9. Father's Occupation,	Capper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Rathorn
Address,	Light St No 1514
Remarks,	GIVEN NAME ADDED. 8-5-52

ject to the fine of ten [illegible] for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 10th
4. Place of Birth (Street and Number),	509 Wash St
5. Full Name of Mother,	Augusta Bitzer
6. Mother's Maiden Name,	Ledner
7. Mother's Birthplace,	City
8. Full Name of Father,	Jacob Bitzer
9. Father's Occupation,	Steam
10. Father's Birthplace,	New Jersey
Name of Medical Attendant, or other person who makes this Return.	J. C. Beach MD
Address,	511 Hanover St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

bing Co., City Printers and Stationers.

RETURN OF A BIRTH 97091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Six
Sex (state whether ~~male~~ or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	September 10. 1887.
4. Place of Birth (Street and Number),	702. Lancaster St.
5. Full Name of Mother,	Wilhelmine Wagner
6. Mother's Maiden Name,	Weitzel
7. Mother's Birthplace,	Germania
8. Full Name of Father,	Louis Wagner
9. Father's Occupation,	Engineer.
Father's Birthplace,	Germania
Name of Medical Attendant, or other person who makes this Return.	Katherine Mundt
Address,	900 Seadenhall St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 91092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept. 10. 1891.
4. Place of Birth (Street and Number),	405 N. Wheeler St.
5. Full Name of Mother,	Anna Mary Hebeler.
6. Mother's Maiden Name,	Perkins.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Harvey E. Hebeler
9. Father's Occupation,	Miller
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Mary A Allwell
Address,	912 McHenry St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 97093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 11th
4. Place of Birth (Street and Number),	1019 Cross St
5. Full Name of Mother,	Mary Kelly
6. Mother's Maiden Name,	" Reside
7. Mother's Birthplace,	City
8. Full Name of Father,	Anthony Kelly
9. Father's Occupation,	Glassblower
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	J. C. Beuch M.D
Address,	511 Hanover St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

long Co., City Printers and Stationers.

RETURN OF A BIRTH 97094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (staie whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	September 11. 1897
4. Place of Birth (Street and Number),	1002. N. Wolfe St.
5. Full Name of Mother,	Emma Stine
6. Mother's Maiden Name,	Ford
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm. L. Stine
9. Father's Occupation,	Roller
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary A Allwell
Address,	912. McDonough St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 97095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 11 — 1897
4. Place of Birth (Street and Number),	247 S. Eden St.
5. Full Name of Mother,	E. J. Gregory
6. Mother's Maiden Name,	Davis
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm Gregory
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Meige
Address,	1427 E Baltimore
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 97096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 2d
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	The 11th of September
4. Place of Birth (Street and Number),	Madison ally N 306
5. Full Name of Mother,	Mrs Mary Aylmer
6. Mother's Maiden Name,	Miss Mary Welsch
7. Mother's Birthplace,	In the West
8. Full Name of Father,	Richard W. Aylmer
9. Father's Occupation,	Fireman
Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Mrs Pauline Liesseman
Address,	Hare St N° 1225
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race),

3. Date of Birth, September 11th 1887

4. Place of Birth (Street and Number), No. 514 Hamburg Street

5. Full Name of Mother, Annie Kronenberg

6. Mother's Maiden Name, Annie Strobel

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Henry Kronenberg

9. Father's Occupation, Driver

Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Katherine Munch.

Address, 930 Leadenhall St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race) White

Date of Birth Sept 11/87

Place of Birth, (Street and Number) # 305 S. Calhoun

Full Name of Mother, Rebecca Fountain

Mother's Maiden Name, " Dreidbrand

Mother's Birthplace, Baden

Full Name of Father, Geo Fountain

Father's Occupation, Printer

Father's Birthplace, Baden

Name of Medical Attendant, or other Person who makes this Return. A L. Shipley MD

Address, 855 W Lombard St

Remarks,

be in attendance upon the Commissioner of Health, in the investigation of this section, shall fail to report its birth to the Commissioner of Health, in the provisions of this section, shall be guilty or persons who shall hereafter fail to comply with the for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City and Stationers.

RETURN OF A BIRTH. 97099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sep. 12th 1897

4. Place of Birth, (Street and Number) 310 E. Hamburg St.

5. Full Name of Mother, Martha Frances Geoghegan

6. Mother's Maiden Name, Geaghegan

7. Mother's Birthplace, Jarrs Poland Dor. Co. Md

8. Full Name of Father, Agustus Williams Geoghegan

9. Father's Occupation, Produce Dealer

Father's Birthplace, Taylers Poland Dor. Co Md

Name of Medical Attendant, or other Person who makes this Return. Sallie I. Lewis

Address, 625 William St

Remarks, Baltimore Md

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

97160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 12th

4. Place of Birth, (Street and Number) # 804 McHenry St,

5. Full Name of Mother, Mary Patterson,

6. Mother's Maiden Name, Thrift,

7. Mother's Birthplace, West Virginia,

8. Full Name of Father, George Patterson,

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. H. Alderdice

Address, N.E. Cor. Columbia & Fremont Aves.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 97101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) .....

Sex, (~~state whether male or~~ female) .....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, 12 Sept —

4. Place of Birth, (Street and Number) 1721. Harlem Ave

5. Full Name of Mother, Lillie M. Berry

6. Mother's Maiden Name, " " Forney

7. Mother's Birthplace, Md

8. Full Name of Father, Walter A Berry.

9. Father's Occupation, Clerk

Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Geo H Capito

Address, Fayette & Eden Sts

Remarks, ...

Penalty attached to be recovered as other debts are for failures are recoverable.

DEC 1887

Co. City Printers and Stationers

RETURN OF A BIRTH 4102.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 12th 1887.
4. Place of Birth, (Street and Number) Miles St No 807.
5. Full Name of Mother, Ida Serac
6. Mother's Maiden Name, Ida Bernhard
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Louis Serab
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

RETURN OF A BIRTH 97103.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, September 12 d.
5. Place of Birth, (Street and Number) 835 Columbia ave.
6. Full Name of Mother, Maggie Gantz
7. Mother's Maiden Name, Weber
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, Walter Gantz
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto. City
12. Name of Medical Attendant, or other Person who makes this Return. Emil V. Lederhaus
13. Address, 1210 Columbia & Fremont Ave.
14. Remarks,

Oct 3 1887

Failure to make return to the Commissioner of Health of any birth within the time prescribed by the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	12th September
4. Place of Birth (Street and Number),	1210 Hollbrook st.
5. Full Name of Mother,	Liffie Borhorst
6. Mother's Maiden Name,	Thalgrad
7. Mother's Birthplace,	Europe
8. Full Name of Father,	Bernhard Borhorst
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Europe
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97106!

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	12th of September.
4. Place of Birth (Street and Number),	932 Sharp Street.
5. Full Name of Mother,	Amanda Ellen Gable.
6. Mother's Maiden Name,	Amanda Ellen Orem.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	William Henry Gable.
9. Father's Occupation,	Laborer.
Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Katherine Munch
Address,	900 Seadenhall St
Remarks,	

the Commissioner of Health, in the manner and within the time [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	12th September
4. *Place of Birth (Street and Number),*	61 Monroe St
5. *Full Name of Mother,*	Carrie Wilhelmine Hoopes
6. *Mother's Maiden Name,*	Carrie W Mund
7. *Mother's Birthplace,*	Frederick Road Balto Co
8. *Full Name of Father,*	George Washington Hoopes
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balto City Md
Name of Medical Attendant, or other person who makes this Return.	Anna Gardner
Address,	Nov 6 S. Monroe St.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 97107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	September 12" 1887.
4. *Place of Birth (Street and Number),*	No 23½ Canton Avenue
5. *Full Name of Mother,*	Elizabeth Shorr
6. *Mother's Maiden Name,*	" Wagner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Shorr
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 9,108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 12th 1881

4. Place of Birth (Street and Number), 10 E Chestnut St

5. Full Name of Mother, Louie Smith

6. Mother's Maiden Name, Mosher

7. Mother's Birthplace, Md

8. Full Name of Father, John Smith

9. Father's Occupation, Feed Store

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Legg Pole

Address, 1144 Park Ave

Remarks,

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the Commissioners [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH. 97109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth.

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth September 13, 1887.

4. Place of Birth, (Street and Number) Halls Springs, Balto. Co.,

5. Full Name of Mother, Laura Bell.

6. Mother's Maiden Name, Laura ——

7. Mother's Birthplace, Maryland

8. Full Name of Father, Thatcher Bell.

9. Father's Occupation, Teamster.

Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Chas. C. Elwell M.D.,

Address 1741 Hanford ave.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 9710.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	white race
3. Date of Birth,	September Dec 13 th
4. Place of Birth, (Street and Number)	Baltimore fort ave 12 ward
5. Full Name of Mother,	Mary Luckhart
6. Mother's Maiden Name,	Lacrer
7. Mother's Birthplace,	germany
8. Full Name of Father,	Christafer Luckhart
9. Father's Occupation,	labour
10. Father's Birthplace,	germany
Name of Medical Attendant, or other person who makes this Return.	Elisabeth Hathorn
Address,	light St abt 15th
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9/111.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), First Second

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept. 3rd 1887

4. Place of Birth (Street and Number), 113 Norwood Ave.

5. Full Name of Mother, Jessie Bell

6. Mother's Maiden Name, Downey

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H. L. Kerfoot M.D.

Address, 113 Norwood Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9112.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female), Male.

2. Race or Color (if not of the white race),

3. Date of Birth, Sept. 13

4. Place of Birth (Street and Number), 1042 N Wolfe St

5. Full Name of Mother, Dora Lanes

6. Mother's Maiden Name, Sekel

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Lanes

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A Allwell

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9713.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 18-1897
4. Place of Birth, (Street and Number)	3008 Dillon St.
5. Full Name of Mother,	Margaret
6. Mother's Maiden Name,	Stalling
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Enoch Bowers
9. Father's Occupation,	Sulphur Burner
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return.	E D Williams
Address,	2826 Eldon St.
Remarks,	

..., City Printers and Stationers.

RETURN OF A BIRTH 9114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex (state whether male or female),* female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 13 September

4. *Place of Birth (Street and Number),* 2226 Canton Avenue.

5. *Full Name of Mother,* Anna Pehlziger

6. *Mother's Maiden Name,* — Snee

7. *Mother's Birthplace,* Balt.

8. *Full Name of Father,* August Pehlziger

9. *Father's Occupation,* Beer Salon.

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss.

Address, 2524 Lancaster St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recovered by law.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9715.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, 13 September

4. Place of Birth (Street and Number), 2244 Cambridge Str.

5. Full Name of Mother, Elise Sintebusch

6. Mother's Maiden Name, = Wünnig

7. Mother's Birthplace, Belgünne

8. Full Name of Father, Heinrich Sintebusch

9. Father's Occupation, Baker

10. Father's Birthplace, Freifenwalde (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster Str.

Remarks,

for each offence, to be recovered as other fines and for children are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 9116.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex (state whether male or female),	male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	13 of Sept
4. *Place of Birth (Street and Number),*	Willmore Alley 1225
5. *Full Name of Mother,*	Annie Gross
6. *Mother's Maiden Name,*	Reeds
7. *Mother's Birthplace,*	Accomac Co Virginia
8. *Full Name of Father,*	Thomas Gross
9. *Father's Occupation,*	Cook
Father's Birthplace,	Calvert
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson street
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92117.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White American
3. Date of Birth,	September 25th
4. Place of Birth, (Street and Number)	208 E Lexington St
5. Full Name of Mother,	N Jennie V Williamson
6. Mother's Maiden Name,	N Jennie Mitchell
7. Mother's Birthplace,	Maine
8. Full Name of Father,	Francis Hieronimus Jr
9. Father's Occupation,	Stable manager
10. Father's Birthplace,	Baltimore Co
Name of Medical Attendant, or other person who makes this Return.	N E Mitchell MD
Address,	No 12 S Green St Baltimore
Remarks,	Easy birth mother and child doing well

98. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Sept 14th 1897
4. *Place of Birth (Street and Number),* Baltimore City 254 Scott St
5. *Full Name of Mother,* Stella Sanders
6. *Mother's Maiden Name,* Stella Elrod
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Sanders
9. *Father's Occupation,* Wagon driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss M. Shaffer

Address, 1139 Ridgely St

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

Shang Co., City Printers and Stationers.

RETURN OF A BIRTH 9,119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 11th
4. Place of Birth (Street and Number),	1328 Hanover St
5. Full Name of Mother,	Catherine Leighton
6. Mother's Maiden Name,	" Bath
7. Mother's Birthplace,	City
8. Full Name of Father,	Chas Leighton
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Norfolk Va
Name of Medical Attendant, or other person who makes this Return.	L C Bunds MD
Address,	511 Hanover St
Remarks,	

for each Offence, to be recovered as other fines and forfeitures are recoverable.

...ldings Co., City Printers and Stationers

RETURN OF A BIRTH 9120.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) * Nineteenth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 14 1887

4. Place of Birth, (Street and Number) 601 Carey & Sargeant

5. Full Name of Mother, Laura Gardner

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry J. Gardner

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo P. Graham M.D.

Address, 125 Columbia ave

Remarks, Mother apparently good for as many more

* all single births

RETURN OF A BIRTH 77121.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	[redacted]
3. Date of Birth,	Sep 14
4. Place of Birth, (Street and Number),	Guilford Av near Fayette
5. Full Name of Mother,	Eufemia Harris
6. Mother's Maiden Name,	— Harris
7. Mother's Birthplace,	Canada
8. Full Name of Father,	John J. Harris
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	H. M. Wilson
Address,	1008 Mad. Ave
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH 97122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, 14th September
4. Place of Birth (Street and Number), 34 Port Allen
5. Full Name of Mother, Barbara Remlein
6. Mother's Maiden Name, Lutz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Remlein
9. Father's Occupation, Labeln
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, 2524 Lancaster St.

Remarks,

bing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 97123.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 April 1887.

4. Place of Birth, (Street and Number) No. 1231 Eleventh

5. Full Name of Mother, Bertha Fuchs

6. Mother's Maiden Name, Bertha Stiel

7. Mother's Birthplace, Kirchberg Prussia

8. Full Name of Father, Heinrich Fuchs

9. Father's Occupation, Baker

10. Father's Birthplace, Kirchberg Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs. Theresa Lenhart

Address, No. 1015 E. Lombard St.

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH 9714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male ~~or female~~) [illegible]
2. Race or color, (if not of the white race) White
3. Date of Birth, September 15th 1887
4. Place of Birth, (Street and Number) Albermarle St 505
5. Full Name of Mother, Cathrina Ackerman
6. Mother's Maiden Name, Catharina Schaumloeffel
7. Mother's Birthplace, Gerstenroth Prussia Germany
8. Full Name of Father, Herrman Ackerman
9. Father's Occupation, Machinist
10. Father's Birthplace, Gerstenroth Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, N. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9/1/25.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state wheiher male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Sept. 15th

4. Place of Birth (Street and Number), Residing in Hosp. 622 W Lombard.

5. Full Name of Mother, Emma Sheridan.

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Ireland.

8. Full Name of Father, Not known.

9. Father's Occupation, " "

Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Peace M.D.

Address, 319 W. Fayette St.

Remarks,

This shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97126.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 15 — 1893

4. Place of Birth (Street and Number), 262 S. Spring St.

5. Full Name of Mother, Louise Kirpsen

6. Mother's Maiden Name, Geyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Kirpsen

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E Pratt St

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9712.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Third Child.

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth, the 16 of September Friday

4. Place of Birth (Street and Number), 1171 Johnston St

5. Full Name of Mother, Elizabeth E. Willet

6. Mother's Maiden Name, Elizabeth Bigge

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Charles Emery Willet

9. Father's Occupation, Ship Carpenter

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Katherine Munch.

Address, 900 Lee Denhall St.

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* Black

3. *Date of Birth,* 16th September 1887

4. *Place of Birth (Street and Number),* ~~Daughter~~ 26 Montgomery St (rear)

5. *Full Name of Mother,* Martha Harris

6. *Mother's Maiden Name,* Martha Whiting

7. *Mother's Birthplace,* West Moreland Co Va

8. *Full Name of Father,* Charles Harris

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return. Chas. W. Pfeffer, M.D.

Address, #48 E. Montgomery St

Remarks, Cross Birth- Os Occipito anterior Presentation of Arm

who shall have fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Bridges Co., City Printers and Stationers.

RETURN OF A BIRTH 97129.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4-the

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race). White

3. Date of Birth, 19 September

4. Place of Birth (Street and Number), 20 Burke St

5. Full Name of Mother, Kathe Müller

6. Mother's Maiden Name, Minnich

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Müller

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Geo Rose

Address, 2524 Lancaster St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 17th.
4. Place of Birth (Street and Number),	Waverly Balto City.
5. Full Name of Mother,	Carrie Jacobs
6. Mother's Maiden Name,	Carrie Baumgold
7. Mother's Birthplace,	Brownsburg Pa.
8. Full Name of Father,	John Jacobs
9. Father's Occupation,	House Carpenter
Father's Birthplace,	Cincinnati Ohio
Name of Medical Attendant, or other person who makes this Return.	Katherine Mumah
Address,	930 Braidenhall Ave.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	17th September 1887
4. Place of Birth (Street and Number),	410 Aisquith st
5. Full Name of Mother,	Amelia Ball
6. Mother's Maiden Name,	Zell
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Ball
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

9/1/32.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	ANNA FREEZE Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 17 87
4. Place of Birth, (Street and Number)	611 Central Ave
5. Full Name of Mother,	Sarah ~~Salonski~~ Fries
6. Mother's Maiden Name,	" Salonski
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Saml (Fries) FREEZE
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return,	J. H. Robinson MD
Address,	725 Fremont Ave
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether male or female),	M ale
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 17th 97
4. Place of Birth (Street and Number),	Balto city 125 N Paca st
5. Full Name of Mother,	Anna Mullidore & Muller
6. Mother's Maiden Name,	Anna Mullidore
7. Mother's Birthplace,	Bavaria Germany
8. Full Name of Father,	Andrew Muller
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Bavaria Germany
Name of Medical Attendant, or other person who makes this Return.	Jno Seebach
Address,	735 N Paca st
Remarks,	

The Commissioner of Health, in the Manner And within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17th September

4. Place of Birth, (Street and Number) 1518 Belair Av

5. Full Name of Mother, Christina Schnaye

6. Mother's Maiden Name, Christina Schnaye

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schnaye

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 18th September 1897

4. Place of Birth, (Street and Number) 233 Abernethy

5. Full Name of Mother, Rose Rachel Wilfinger Krause

6. Mother's Maiden Name, " " Wilfinger

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Martin Conrad Krause

9. Father's Occupation, Laborer

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return D. E. Lauchlin

Address, 1721 E. Balto. St.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 97136.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Sept 15th 87

4. Place of Birth, (Street and Number) No. 1229 W. Pratt St

5. Full Name of Mother, Wilhemina White

6. Mother's Maiden Name, Ottmann

7. Mother's Birthplace, Bavaria Germany

8. Full Name of Father, Charles Louis White

9. Father's Occupation, Machinist

10. Father's Birthplace, Hanover Germany

Name of Medical Attendant, or other Person who makes this Return Dr. J. Lowe

Address, 1225 Pennsylvania Ave Balto city

Remarks, Jno Swallow, Asst (Name) Helen White

RETURN OF A BIRTH 97137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male ~~or female~~) [redacted]
2. Race or color, (if not of the white race) White
3. Date of Birth, September 18th 1937
4. Place of Birth, (Street and Number) N. Bethel St No 308
5. Full Name of Mother, Bertha Hildenwein
6. Mother's Maiden Name, Bertha Müller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Hildenwein
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Subject to the fine of ten to fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97138.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	September 18" 1887.
4. *Place of Birth (Street and Number),*	No 1111 Eutaw St.
5. *Full Name of Mother,*	Maggie Medicus
6. *Mother's Maiden Name,*	Keiser
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank L. Medicus
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks.	

For each omission, or the incorrect entry of any item, a penalty of Five Dollars will be incurred.

ing Co., City Printers and Stationers

RETURN OF A BIRTH 9/1039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 Sept

4. Place of Birth, (Street and Number) 1117 Chesapeake

5. Full Name of Mother, Virginia Landwick

6. Mother's Maiden Name, Virginia Keys

7. Mother's Birthplace, Balto City

8. Full Name of Father, Wm. Landwick

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Wallace

Address, 1029 Cooley St

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH 97140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 19 of September

4. Place of Birth (Street and Number), 509 Cannon St.

5. Full Name of Mother, Maggie Ludwigg

6. Mother's Maiden Name, Maggie Rahrer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ike Ludwigg

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Wiley

Address, No 611 Patterson Park Ave.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 99 141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	July 19
4. *Place of Birth (Street and Number),*	John A Nelson Sq
5. *Full Name of Mother,*	Agnes McLeod
6. *Mother's Maiden Name,*	— Hamilton
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	John McLeod
9. *Father's Occupation,*	Master of Ship
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other person who makes this Return.	H M Nelson
Address,	1008 Mad. Ave
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Sept. 19 — 1887

4. Place of Birth (Street and Number), 536 N. Castle St.

5. Full Name of Mother, M. Elisabeth Parlett

6. Mother's Maiden Name, Gayer

7. Mother's Birthplace, Richmond Va.

8. Full Name of Father, Andrew Jackson Parlett

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 19 1897

4. Place of Birth, (Street and Number) 1412 Hartford Ave

5. Full Name of Mother, Mary Parrish

6. Mother's Maiden Name, Mary Cheney

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm J Parrish

9. Father's Occupation, Horseshoer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. W. Neilsenburg

Address, 319 W. Hamburg

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9/1944.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept. 19/87.
4. Place of Birth (Street and Number), 204 N. Charles st
5. Full Name of Mother, Nora Larkin
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Benj. D. Church,

Address, 115 W. Lombard St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex. (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 19th 1887
4. Place of Birth, (Street and Number)	8 Paca St
5. Full Name of Mother,	Maggie Hatch
6. Mother's Maiden Name,	Maggie Branson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thayer Hatch
9. Father's Occupation,	Hostler
Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return,	Geo R Graham M.D
Address,	725 Columbia ave
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97146.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh.
Sex (state whether male or female),	Boy
2. Race or Color (if not of the white race),	white.
3. Date of Birth,	Septbr. 19. 1887.
4. Place of Birth (Street and Number),	Baltimore Dillon St. 3106
5. Full Name of Mother,	Louise Schleibaum
6. Mother's Maiden Name,	Louise Battgerit
7. Mother's Birthplace,	German
8. Full Name of Father,	August Schleibaum
9. Father's Occupation,	Cabinet maker
Father's Birthplace,	German
Name of Medical Attendant, or other person who makes this Return.	Mrs. Pauline Liersemann
Address,	1128 Hare Street
Remarks,	

Who shall neglect all to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

Over

97447.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth.

Sex (state whether male or female), female - Caroline Jones Matthews

2. Race or Color (if not of the white race), White.

3. Date of Birth, September 11th 1851

4. Place of Birth (Street and Number), 1343 North Street

5. Full Name of Mother, Elizabeth J. Matthews.

6. Mother's Maiden Name, Elizabeth J. Jones

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Joseph B. Matthews.

9. Father's Occupation, Practitioner of Medicine

Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return. J. B. Matthews M.D.

Address, 1343 North Street.

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the loss of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97148.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 19th 1887.
4. Place of Birth (Street and Number),	No 216 Duncan Alley
5. Full Name of Mother,	Varoneka Pietsh
6. Mother's Maiden Name,	Lenin
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Johannes Pietsh
9. Father's Occupation,	Stevedore
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9709.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept. 20th 1887.
4. Place of Birth (Street and Number),	No 5011 Cannon Ave.
5. Full Name of Mother,	Mary Sullens
6. Mother's Maiden Name,	" Ludwig
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jere Sullens
9. Father's Occupation,	Potter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97150.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First One
Sex (state whether male or female),	Mail
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 20th
4. Place of Birth (Street and Number),	135 Hanburg st Baltimore
5. Full Name of Mother,	Katie Bidenkapp
6. Mother's Maiden Name,	Katie Fuchs
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Bidenkapp
9. Father's Occupation,	Cabinet Maker
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Katherine Mrunch
Address,	900 Leadenhall St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/1851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White all the time

3. *Date of Birth,* Sept 20 1879

4. *Place of Birth (Street and Number),* 522 Myrtle St

5. *Full Name of Mother,* Margaret Dorsch

6. *Mother's Maiden Name,* Schauer

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* J Geo Dorsch

9. *Father's Occupation,* Tailoring

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Dorsch

Address, 217 N. Sweden St

Remarks, Baltimore Md

RETURN OF A BIRTH 97152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White
3. Date of Birth, September 20th.
4. Place of Birth (Street and Number), Baltimore Caindon St 718.
5. Full Name of Mother, Kate E. Gohlinghurst.
6. Mother's Maiden Name, Kate E. Gohlinghurst
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, J. George. Gohlinghurst.
9. Father's Occupation, Private.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Benisch

Address, No. 421. Bank st.

Remarks,

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97153.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, 20 September
4. Place of Birth (Street and Number), 20 Galliger Court (near Alley)
5. Full Name of Mother, Mary Leithamp
6. Mother's Maiden Name, = Ott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Leithamp
9. Father's Occupation, Laborer
10. Father's Birthplace, Bavaria (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, 524 Lancaster St.

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97154.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	September 20th /87
4. *Place of Birth (Street and Number),*	1236 Eager St.
5. *Full Name of Mother,*	Emma Bauer
6. *Mother's Maiden Name,*	Emma Panaske
7. *Mother's Birthplace,*	Balto County
8. *Full Name of Father,*	Hugo Bauer
9. *Father's Occupation,*	Carver & Engraver
10. *Father's Birthplace,*	Philidelphia
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Butt.
Address,	1215 S W. cor Monument St. & Central avenue
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Guthrie Co., City Printers and Stationers.

RETURN OF A BIRTH 97155.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) Second Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 20 1887
4. Place of Birth (Street and Number), 834 Hanover St
5. Full Name of Mother, Lena Dengler
6. Mother's Maiden Name, Lena Nagle
7. Mother's Birthplace, Balto
8. Full Name of Father,
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Miss Mintz

Address, Cor Montgomery and Ledbetter St

Remarks,

who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine or penalty imposed for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 7/156.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) Third Child

1. Sex (state whether male or female), Male child
2. Race or Color (if not of the white race),
3. Date of Birth, September 20 1887
4. Place of Birth (Street and Number), 418 Conway St
5. Full Name of Mother, Mrs Frank Kastuck
6. Mother's Maiden Name, Pauline Hulsmann
7. Mother's Birthplace, Frank Germany
8. Full Name of Father, Mr Frank Funk
9. Father's Occupation, Tailor
10. Father's Birthplace, Frank Germany Boned April 24/857
11. Name of Medical Attendant, or other person who makes this Return. Mrs E Seelach
12. Address, No 735 W. Pratt Street
13. Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 97157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (4)
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 24th 1887.
4. Place of Birth (Street and Number),	1047 Lexington St.
5. Full Name of Mother,	Lucy Irene Hardesty
6. Mother's Maiden Name,	Morgan
7. Mother's Birthplace,	Anarundel Co. Md.
8. Full Name of Father,	Thomas Elan'th Hardesty
9. Father's Occupation,	Salesman
Father's Birthplace,	Anarundel Co. Md.
Name of Medical Attendant, or other person who makes this Return.	J. C. Hemmer
Address,	212 Franklin St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Sept. 20 th
4. Place of Birth (Street and Number),	704 Tyson street
5. Full Name of Mother,	Agnes Lee
6. Mother's Maiden Name,	" Smith
7. Mother's Birthplace,	Howard county
8. Full Name of Father,	Stephen Lee
9. Father's Occupation,	Waiter
Father's Birthplace,	Hartford county
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson street
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 9/1/89.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex (state whether male or female), female.

2. Race or Color (if not of the white race), Colored

3. Date of Birth, Sept. 4"

4. Place of Birth (Street and Number), Lying-in Hosp 622 N Sowbell

5. Full Name of Mother, Sarah Blay

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Not known

9. Father's Occupation, " "

Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale

Address, 319 N Monument

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Mishing Co., City Printers and Stationers.

RETURN OF A BIRTH 7160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 21st. 1887
4. Place of Birth (Street and Number),	919 Wolf St
5. Full Name of Mother,	Annie Moor
6. Mother's Maiden Name,	Annie Herman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John N. Moor
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Butt.
Address,	1245 S.W. cor Monument St. & Central av.
Remarks,	All Well

for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9716.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or ~~female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 21st 1887
4. Place of Birth, (Street and Number) E. Lombard St. No 1181
5. Full Name of Mother, Katie Busick
6. Mother's Maiden Name, Katie Ault
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Busick
9. Father's Occupation, Sail maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 114

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	12th
Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Sept. 21st. 1893
4. Place of Birth, (Street and Number)	223 Heath St
5. Full Name of Mother,	Mary Thompson
6. Mother's Maiden Name,	" Kent
7. Mother's Birthplace,	Va.
8. Full Name of Father,	Henry Thompson
9. Father's Occupation,	Mechanic
Father's Birthplace;	Norway
Name of Medical Attendant, or other person who makes this Return.	Dr Lancey W Barclay Balto
Address,	108 N Eutaw St
Remarks,	

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97163.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Edna L. Arnold

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Sept 21st 1897
4. Place of Birth, (Street and Number)	#97 S. Paca St
5. Full Name of Mother,	Emma Arnold
6. Mother's Maiden Name,	" Lawrence
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	H. Eugene Arnold
9. Father's Occupation,	Brick-layer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	DE Lancey W Barclay M.D.
Address,	108 Conway St
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	21st Sept 87
4. Place of Birth, (Street and Number)	152 Wilson St
5. Full Name of Mother,	Lizzie K. Clickner
6. Mother's Maiden Name,	Kirwan
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	George Clickner
9. Father's Occupation,	Minister of the Gospel
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return	W. W. Owings
Address,	1319 Madison Ave
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	21st Sept
4. Place of Birth (Street and Number),	No 124 Wilkes St
5. Full Name of Mother,	Theresa Marley
6. Mother's Maiden Name,	" Fitzenberger
7. Mother's Birthplace,	City
8. Full Name of Father,	William Marley
9. Father's Occupation,	Printer
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	J C Bunch M.D
Address,	511 Hanover St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 21 — 1887

4. Place of Birth (Street and Number), 1419 E Pratt St.

5. Full Name of Mother, Julia Hall

6. Mother's Maiden Name, Archbold

7. Mother's Birthplace, Ireland

8. Full Name of Father, Geo. Hall

9. Father's Occupation, Tailor

Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mary Glen

Address, 1427 E. Pratt St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 21 1887

4. Place of Birth, (Street and Number) 862 Clifford St

5. Full Name of Mother, Eliza Strain

6. Mother's Maiden Name, Eliza Dickens

7. Mother's Birthplace, Balto

8. Full Name of Father, Alfred Strain

9. Father's Occupation, Machinist

Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Geo R Graham MD

Address, 725 Columbia ave

Remarks,

for each Certificate to be Preserved as Official Vouchers and Returned to the Office of Registrar of Vital Statistics, etc. (over)

RETURN OF A BIRTH 97168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Sept. 21, 1887
4. Place of Birth (Street and Number),	2931 Shilton St.
5. Full Name of Mother,	Mary Reynolds
6. Mother's Maiden Name,	Mary Robinson
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	George Reynolds
9. Father's Occupation,	Laborer
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

For each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 97169.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Sept. 21, 1897
4. Place of Birth (Street and Number),	3029 Elliott St.
5. Full Name of Mother,	Sarah Elizabeth Engle
6. Mother's Maiden Name,	Sarah Elizabeth Garvey
7. Mother's Birthplace,	Balto
8. Full Name of Father,	George Engle
9. Father's Occupation,	Laborer
Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	~~726 Luzerne~~ Mary E. Swayne
Address,	726 Luzerne St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 22/87.

4. Place of Birth, (Street and Number) 291 Elliott St.

5. Full Name of Mother, Mary Richards

6. Mother's Maiden Name, Williams.

7. Mother's Birthplace, Balti City

8. Full Name of Father, Edward Richards

9. Father's Occupation, Processor.

Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return. W. W. Jones M. D.

Address, 224 Elliott St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 97171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 22 - 1887
4. Place of Birth (Street and Number),	130 Gough
5. Full Name of Mother,	Kate Greaver
6. Mother's Maiden Name,	Meader
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Leonhard Greaver
9. Father's Occupation,	Wagon Driver
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary Keith
Address,	1927 E Balt
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, August 22/87

4. Place of Birth (Street and Number), 304 Broadway

5. Full Name of Mother, Margaret Eyler

6. Mother's Maiden Name, Margaret Johnson

7. Mother's Birthplace, Md

8. Full Name of Father, Daniel Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. James Woodland

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 9113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* 1 Sept 22nd
5. *Place of Birth, (Street and Number)* Jefferson st
6. *Full Name of Mother,* Laura Blackwell
7. *Mother's Maiden Name,* Laura Bishop
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* William Blackwell
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Balto
12. *Name of Medical Attendant,* or other Person who makes this Return. Mr Laura Warmouth
13. *Address,* 1171 Madison Ave cor Jefferson st
14. *Remarks,*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 9774,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept. 22. 1887
4. Place of Birth (Street and Number),	1305 Holland Ave.
5. Full Name of Mother,	Bertha L. Johnson
6. Mother's Maiden Name,	Young
7. Mother's Birthplace,	Penn.
8. Full Name of Father,	John. C Johnson.
9. Father's Occupation,	Moulder
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mary. A Atwell
Address,	912 Fac. Hanover. St.
Remarks,	

the Commissioner of Health, in the manner and within the period [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99175.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 22 of September 1887
4. Place of Birth (Street and Number), Baltimore 1233 Sargent st
5. Full Name of Mother, Margret Ann Shanks
6. Mother's Maiden Name, Margret Ann Roach
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Martin J Shanks
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payne st

Remarks,

the Commissioner of Health, in the matter and within the period above named, and any and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 9176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth September 22, 1887.
4. Place of Birth, (Street and Number) Nr. 425 Font st. (Balto Co.)
5. Full Name of Mother, Virginia Damon.
6. Mother's Maiden Name, Virginia Holloway.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, David O. Damon
9. Father's Occupation, Huckster.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Aug. R. Elwell, M.D.

Address, 1241 Hanford ave.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and the [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 97177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* ~~1911~~ Dallas 2nd 22 Sept

4. *Place of Birth, (Street and Number)* 1011 Dallas

5. *Full Name of Mother,* Margaretha Jacobi

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Tobias Jacobs

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Baiern

Name of Medical Attendant, or other Person who makes this Return. Anna Walter 1249 Eager

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each case to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 22 5 –

4. Place of Birth, (Street and Number) 817 Fessier Alley

5. Full Name of Mother, Isabella Richey

6. Mother's Maiden Name, Rusk

7. Mother's Birthplace, Charles Co. Md

8. Full Name of Father, Arthur Richey

9. Father's Occupation, Brick-Carrier

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Emily Alexander

Address, 1214 Columbia & Fremont Aves

Remarks,

Any persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 9/99.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 23rd 1897
4. Place of Birth (Street and Number),	1141 W. Pratt
5. Full Name of Mother,	Laura Aragona
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Martin Aragona
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Theodore Cookman
Address,	518 Hanover St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH

97180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 22nd, 1887

4. Place of Birth, (Street and Number) 29 Hillen Monument St

5. Full Name of Mother, Ellen Theresa

6. Mother's Maiden Name. Hasenick

7. Mother's Birthplace, Balto City

8. Full Name of Father, William Stevens

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. M. J. Cahill M.D.

Address, 111 S. Broadway

Remarks,

Failure to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 9208

To the Commissioner of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, September 22nd 1882
5. Place of Birth, (Street and Number) Druid Hill Ave 435
6. Full Name of Mother, Catherine Jolly
7. Mother's Maiden Name, Catherine Lackey
8. Mother's Birthplace, Matthews County Va.
9. Full Name of Father, James E Jolly
10. Father's Occupation, Laboring man
11. Father's Birthplace, Cambridge Md
12. Name of Medical Attendant, or other Person who makes this Return. Millie Gross
13. Address, 229 York Street
14. Remarks,

SEP 30 1882

HEALTH DEPT.

for each offense to be recovered before any Justice of the Peace of Baltimore City.

City Printers and Stationers.

RETURN OF A BIRTH 97182.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	white race
3. Date of Birth,	September the 20th
4. Place of Birth, (Street and Number)	Baltimore Charles St No 1415
5. Full Name of Mother,	Louise Brunner
6. Mother's Maiden Name,	Koerting
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jacob Brunner
9. Father's Occupation,	glass blower
10. Father's Birthplace,	Baltimore Co
Name of Medical Attendant, or other person who makes this Return.	Elisabeth Hathorn
Address,	Light St No 1431
Remarks,	

Issued to the Bureau of Vital Statistics for each Birth Certificate.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9/1883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	white race
3. Date of Birth,	September the 22 st
4. Place of Birth, (Street and Number)	Baltimore Barrel St No 14 y
5. Full Name of Mother,	Mage Kilmit
6. Mother's Maiden Name,	Bierlien
7. Mother's Birthplace,	germiney
8. Full Name of Father,	petter Kilmit
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	germaney
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	Light St No 1514
Remarks,	

... CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97184.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 23rd 1897

4. Place of Birth (Street and Number), Baltimore City, 746 west Mt court

5. Full Name of Mother, Annie Cukeyne

6. Mother's Maiden Name, Annie Brown

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Julius Cukeyne

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs M. E. Shipley

Address, 1737 Ridgley St

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97185.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 23rd 1887

4. Place of Birth (Street and Number), 10 Baker St

5. Full Name of Mother, Annie Schlosser

6. Mother's Maiden Name, Younger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Max Schlosser

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler

Address, 2100 Druid Hill Ave

Remarks,

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether ~~male or~~ female),
2. Race or Color (if not of the white race),
3. Date of Birth, 23th September 1887
4. Place of Birth (Street and Number), 15 E. Randall St
5. Full Name of Mother, Catharina Phillips
6. Mother's Maiden Name, Weissring
7. Mother's Birthplace, Germany
8. Full Name of Father, E. G. Phillips
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Katz Muench

Address, Laxenhall St No 800.

Remarks,

hing Co., City Printers and Stationers.

RETURN OF A BIRTH, 97187.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) _____

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 25th 1887
4. *Place of Birth, (Street and Number)* 114 S. Sticker
5. *Full Name of Mother* Annie Martin
6. *Mother's Maiden Name* Annie Martin
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jas C. Martin
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. W. Lineken

Address 1461 Lindenave

Remarks _____

RETURN OF A BIRTH 9/188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	24th September 914 Albemarle st
4. Place of Birth (Street and Number),	914 Albemarle st
5. Full Name of Mother,	Anna Rashford
6. Mother's Maiden Name,	Obrien
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Rashford
9. Father's Occupation,	Officer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Fremont st.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

GIVEN NAME ADDED 2-24-56

RETURN OF A BIRTH 99189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George John Cook

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	24th September -1887
4. Place of Birth (Street and Number),	1086 Central Ave
5. Full Name of Mother,	Adonia Cook
6. Mother's Maiden Name,	Tell
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Simon Cook
9. Father's Occupation,	Sfruck
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E Lombard st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97190.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether ~~male or~~ female)

2. Race or color, (if not of the white race) White

3. Date of Birth, September 24th 1887

4. Place of Birth, (Street and Number) N. Chappel St No 419

5. Full Name of Mother, Elisabeth Strohl

6. Mother's Maiden Name, Elisabeth Völker

7. Mother's Birthplace, Rothenbach Prussia Germany

8. Full Name of Father, Jacob Strohl

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Hochstadt Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary C Müller

Address, N. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 97191

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Sept. 24th 1887

4. *Place of Birth (Street and Number)* S. E. Cor Woodyear & Mc Henry Sts

5. *Full Name of Mother* Nettie Langston Lunk

6. *Mother's Maiden Name* Nettie Langston

7. *Mother's Birthplace* Balto. Md.

8. *Full Name of Father* John Edward Lunk

9. *Father's Occupation* Grocer

10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Wm McNickerson M.D.

Address Arlington & Harlem

Remarks

RETURN OF A BIRTH 97192.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 24th 1897
4. Place of Birth, (Street and Number) E. Spring St. No. 314
5. Full Name of Mother, Kate Eckhardt
6. Mother's Maiden Name, Kate Keller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Eckhardt
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH 9193.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* April 27/87
4. *Place of Birth (Street and Number),* 21 Wadsworth Av
5. *Full Name of Mother,* Lizzie Dieckman
6. *Mother's Maiden Name,* Lizzie Schumann
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm Dieckman
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland (Midwife)

Address,

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/1894.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 24 — 1887.
4. Place of Birth (Street and Number),	130 Randal st.
5. Full Name of Mother,	Louise Simpkins.
6. Mother's Maiden Name,	Slicket.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Charles Simkins
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

For each child, to be recorded in Office and transmitted to the Registrar.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/1895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	white race
3. Date of Birth,	September the 24th
4. Place of Birth, (Street and Number)	Baltimore Charles st No 2032
5. Full Name of Mother,	Mary Bourke
6. Mother's Maiden Name,	Cash
7. Mother's Birthplace,	England
8. Full Name of Father,	Bernard Bourke
9. Father's Occupation,	Labour
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	Englut st No 1514
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(10) CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second.

1. Sex (state whether male or female), Female.

2. Race or Color (if not of the white race), White.

3. Date of Birth, Sept 25th 97

4. Place of Birth (Street and Number), 113 N. Longwood St.

5. Full Name of Mother, Stephen Hayman

6. Mother's Maiden Name, Dd

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. W. S. Gordon

Address, 1410 Monroe St

Remarks,

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97197.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 25th 1887
4. Place of Birth, (Street and Number) N. Central Ave. No. 100
5. Full Name of Mother, Mary Schlodge
6. Mother's Maiden Name, Mary Lang
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Schlodge
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Müller

Address, N. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	25 Sept 1897
4. Place of Birth (Street and Number),	Garland St 281
5. Full Name of Mother,	Mary Foster
6. Mother's Maiden Name,	Mary Banks
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Lunton
9. Father's Occupation,	Errand Boy
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Charles Mitchell
Address,	Calvert Alley 112 No
Remarks,	

ting Co., City Printers and Stationers.

RETURN OF A BIRTH 97197.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	September 25/87
4. Place of Birth (Street and Number),	No 640 Burke St.
5. Full Name of Mother,	Olga Berker
6. Mother's Maiden Name,	Sengbeil
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Hermann Becker
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Krafft.
Address,	No 405 S. Washington St.
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,200.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Rica & Lena

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 25, 1887
4. *Place of Birth (Street and Number),* 153 Harrison St
5. *Full Name of Mother,* Sarah Whitrouk
6. *Mother's Maiden Name,* Sarah Sedarsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Whitrouk
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, 1 Albemarle St at 103

Remarks; Twins

ing Co., City Printers and Stationers

RETURN OF A BIRTH 97201.

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 25th Sept 1897
5. Place of Birth, (Street and Number) 736 Mulberry St.
6. Full Name of Mother, Maggie Harden
7. Mother's Maiden Name, Gettier
8. Mother's Birthplace, Balto City
9. Full Name of Father, Wm E Harden
10. Father's Occupation, Bookbinder
11. Father's Birthplace, Balto
12. Name of Medical Attendant, or other Person who makes this Return Wm. Owings M.D.
13. Address. 1319 Madison Ave
14. Remarks,

CITY PRINTING AND STATIONERY.

RETURN OF A BIRTH 9,202.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Child

2. Race or Color, (if not of the white race) W

3. Date of Birth, Sept. 25th

4. Place of Birth, (Street and Number) 121 Park St

5. Full Name of Mother, Maggie Moran

6. Mother's Maiden Name, Keller

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Moran

9. Father's Occupation, Restaurant Proprietor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. L. L. Mattheis

Address. 2226 E. Fayette

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 9/203,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Sept 25th 1891
4. Place of Birth (Street and Number), 1722 Register st
5. Full Name of Mother, Mary Ruckgaudy.
6. Mother's Maiden Name, " " Heelane.
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Ruckgaudy
9. Father's Occupation,
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1714 Bank st.

Remarks,

ding Co., City Printers and Stationers

RETURN OF A BIRTH 97104.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Sept 25th 1897
4. *Place of Birth (Street and Number),* 1605 Lanvale
5. *Full Name of Mother,* Annie Myer
6. *Mother's Maiden Name,* Stief
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Myer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Legg Baby

Address, 949 Bank st

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 9,205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, Sept 25th 1887
4. Place of Birth (Street and Number), 410 Collington Ave
5. Full Name of Mother, Annie Bearman
6. Mother's Maiden Name, " " Deaves
7. Mother's Birthplace, Germany
8. Full Name of Father, John Bearman
9. Father's Occupation, Captain
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Iggy Belz

Address, 1744 Park st

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 97206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth, September the 25th 1887

4. Place of Birth (Street and Number), No 420 W. Pratt St.

5. Full Name of Mother, Bertha Mudler

6. Mother's Maiden Name, Bertha Last

7. Mother's Birthplace, Russia

8. Full Name of Father, Hartman Mudler Jr

9. Father's Occupation, Shoe Finder

10. Father's Birthplace, South Germany

Name of Medical Attendant, or other person who makes this Return. Katherena Minnick

Address, 900 Seademall St

Remarks,

for each offence, to be recovered as other fines are recovered.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/207.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	white
2. Race or Color (if not of the white race),	male
3. Date of Birth,	Sept 25 " 1851
4. Place of Birth (Street and Number),	No 55 Parkin st
5. Full Name of Mother,	Anni Benastsky
6. Mother's Maiden Name,	" Unkunits
7. Mother's Birthplace,	Germany
8. Full Name of Father,	G Benastsky
9. Father's Occupation,	Daborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs C Seebach
Address,	No 735 N Gay st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 9/208.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nelson Dorsey Baldwin 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) white race
3. Date of Birth, 1887 - September the 24th
4. Place of Birth, (Street and Number) Baltimore William st No 1238
5. Full Name of Mother, Lizzie Baldwin
6. Mother's Maiden Name, Appleby
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Glonzo Baldwin
9. Father's Occupation, Barber Maker
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Elizabeth Slatthorn

Address, Light St No 1514

Remarks, CITIZEN MADE ADDED. 7-21-52

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9709.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colored.

3. Date of Birth, Sept 26"

4. Place of Birth (Street and Number), Lying in Hosp. 622 N. Howard.

5. Full Name of Mother, Kate Miller.

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Not known.

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 N. Monument

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97210.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept. 26 1897
4. Place of Birth (Street and Number),	119 N. Spring St.
5. Full Name of Mother,	Mary Pontier
6. Mother's Maiden Name,	Mc. Gowen
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Pontier
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Stein
Address,	1427 E. Pratt St.
Remarks,	

for each offence, to be recovered as other fines are recovered.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97211.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* Negro

3. *Date of Birth,* Sep 26 1887

4. *Place of Birth (Street and Number),* 1304 Union Alley

5. *Full Name of Mother,* Anne Fellier

6. *Mother's Maiden Name,* Robins

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Mathews Fellies

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St

Remarks,

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 Sept.

4. Place of Birth, (Street and Number) 1021 Keswick st.

5. Full Name of Mother, Celine Beki

6. Mother's Maiden Name, Weddingfield

7. Mother's Birthplace, Balt. city

8. Full Name of Father, Louis Beki

9. Father's Occupation, Coachbinder

10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other Person who makes this Return. Anna Waller

Address, 124 Eager st.

Remarks,

RETURN OF A BIRTH 97213.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 26th
4. *Place of Birth (Street and Number),* 904 Bocan St City
5. *Full Name of Mother,* Elizabeth Cunningham
6. *Mother's Maiden Name,* Deane
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Patrick Cunningham
9. *Father's Occupation,* Paint Dresser
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Katherine Munch

Address, 900 Leadenhall St.

Remarks,

g Co., City Printers and Stationers.

RETURN OF A BIRTH 97214.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 26th 1887

4. Place of Birth (Street and Number), 1322 Johnson St.

5. Full Name of Mother, Elizabeth Opitz

6. Mother's Maiden Name, [illegible] Roth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Anton Opitz

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Theodore Lentz M.D.

Address, 918 Lanvale St.

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 9725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 ~~xxx~~ Dennis ~~xxx~~ ~~xx~~

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, September 20
4. Place of Birth, (Street and Number) 219 N Durham st
5. Full Name of Mother, Jula Ann Dennis
6. Mother's Maiden Name, Jula Ann Milligan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Dennis
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elitha Math Mnadowney

Address, No 27 South (Rear) St

Remarks, Baltimore Lumberland Baltimore

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 97216.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 26
4. Place of Birth, (Street and Number) 656 Josephine st
5. Full Name of Mother, Laura Garner
6. Mother's Maiden Name, Laura Williams
7. Mother's Birthplace, Balto
8. Full Name of Father, James Garner
9. Father's Occupation, Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mary Thompson

Address, 655 Josephine st Balto

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH 97217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th Sept 87

4. Place of Birth, (Street and Number) 1313 Mount St.

5. Full Name of Mother, Annie Gray

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Md

8. Full Name of Father, Robert Gray

9. Father's Occupation, Electrical Mechanic

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return R. W. Owings M.D

Address. 1319 Madison Ave

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

97218.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st lk

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 26 1887
4. *Place of Birth (Street and Number)* 163 Edmondson ave
5. *Full Name of Mother* Bella Monelow
6. *Mother's Maiden Name* " Callis
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* William Monelow
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J. E. Clague MD

Address 158 N. Eutaw

Remarks

RETURN OF A BIRTH.

77219.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 26 1887
4. *Place of Birth (Street and Number)* 08 Ths 438 Eutaw Place
5. *Full Name of Mother* Priscilla Frank
6. *Mother's Maiden Name* " Waller
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Alexander Frank
9. *Father's Occupation* Banker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J. E. Clagett

Address 108 S. Eutaw St

Remarks City

RETURN OF A BIRTH 97120.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Sept. 26, 1887
4. Place of Birth (Street and Number),	702 Roye St.
5. Full Name of Mother,	Elizabeth Guermon
6. Mother's Maiden Name,	Elizabeth Heerman
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	William Guermon
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sayer
Address,	724 Eutaw St.
Remarks,	

Guide Co., City Printers and Stationers.

RETURN OF A BIRTH 97221.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Monday Sep. 26th 1887

Place of Birth, (Street and Number) 937 Eden Place near Green Lillian St.

Full Name of Mother. Kate Mooney

Mother's Maiden Name, Trenfler

Mother's Birthplace, 11th District. Balto Co.

Full Name of Father. Charles Mooney

Father's Occupation, Butcher

Father's Birthplace. Balto.

Name of Medical Attendant, or other Person who makes this Return Emily Bolen

Address, 111 Mulberry Street

Remarks,

ERS AND STATIONERS

RETURN OF A BIRTH 91222.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), white

3. Date of Birth, 27 September.

4. Place of Birth (Street and Number), 1609 ½ N. Eden St.

5. Full Name of Mother, Katie Helme

6. Mother's Maiden Name, " Berkenstock

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Charles Helme

9. Father's Occupation, Gilder

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbig

Address, 1302 Holland St Balt.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

Gelding Co., City Printers and Stationers.

RETURN OF A BIRTH

~~9-2-27~~ 97223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth, 27 September
4. Place of Birth (Street and Number), 127 West street
5. Full Name of Mother, Emma Pfaff
6. Mother's Maiden Name, Emma Seebode
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Otto Pfaff
9. Father's Occupation, Machinist
10. Father's Birthplace, Belgium

Name of Medical Attendant, or other person who makes this Return. Katherine Mundell

Address, 900 Leadenhall st.

Remarks,

for each offence, to be recovered as other fines and penalties are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 97224.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.) Second.

1. Sex (state ~~whether male or female~~), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Sep 27th 87
4. Place of Birth (Street and Number) 115 N. Fonebord St
5. Full Name of Mother, Lizzie Ascol
6. Mother's Maiden Name, Dodd.
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. O. F. Kuhn

Address, 113 & 115 W. Fonebord St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recovered.

Schieg Co., City Printers and Stationers.

RETURN OF A BIRTH 97 226.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* April 27/97
4. *Place of Birth (Street and Number),* 3 Penrith
5. *Full Name of Mother,* Eliza Johnson
6. *Mother's Maiden Name,* Eliza Thurston
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry Johnson
9. *Father's Occupation,* Steamboat
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Jane Monroe

Address,

Remarks,

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 24 September 27th

Place of Birth, (Street and Number) Maestras St. 4th 1532

Full Name of Mother, Bertha H Martin

Mother's Maiden Name, " " Mahon

Mother's Birthplace, Baltimore

Full Name of Father, Benjamin F Martin

Father's Occupation, Porter

Father's Birthplace, Virginia M. D.

Name of Medical Attendant, or other Person who makes this Return M. H. Lodge

Address. 1064 Lexington St. E.

Remarks,

CITY PRINTERS AND STATIONERS

DEATH PAGE ADDED 12-14-54

RETURN OF A BIRTH 9722 1.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Adolph Fischer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Male.

2. Race or Color (if not of the white race),

3. Date of Birth, 2nd Ty. T. 1887

4. Place of Birth (Street and Number), 608 William St.

5. Full Name of Mother, Anna Barbara Fischer

6. Mother's Maiden Name, Fleishman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. A. Fischer

9. Father's Occupation, B. Blacksmith.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Bathesda Home

Address, 900 Seabenhall Ave.

Remarks,

for each offence, to be recovered as the penalties under the

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9228.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 27. 1887

4. Place of Birth, (Street and Number) No 13 N. Castle St

5. Full Name of Mother, Mary Dowell

6. Mother's Maiden Name, Mary Bryan

7. Mother's Birthplace, Trappe Talbot Co. Md.

8. Full Name of Father, Joseph Hapt. Dowell

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Mahoney

Address, 27 South Bethel St

Remarks,

City Printer's and Stationers.

RETURN OF A BIRTH.

97229.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex* (state whether *Male* ~~or Female~~) .

2. *Race or Color* (if not of the white race) White.

3. *Date of Birth* Feb 28

4. *Place of Birth* (Street and Number) ~~Rhubert St~~ Locust Point ~~1~~ 136

5. *Full Name of Mother* Mrs Annie Ringger

6. *Mother's Maiden Name* Annie Winterling

7. *Mother's Birthplace* Balto Md

8. *Full Name of Father* Rudolph Walter Ringger

9. *Father's Occupation* Laborer.

10. *Father's Birthplace* Switzerland Germ

Name of Medical Attendant or other Person who makes this Return. Dr J A Schultz

Address 1400 Lough St

Remarks

RETURN OF A BIRTH 97230.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether male or female), Female Sex

2. Race or Color (if not of the white race), White Race

3. Date of Birth, September 28th 1897

4. Place of Birth (Street and Number), Baltimore City. 1312 N. Fulton St.

5. Full Name of Mother, Mary Virginia Hammer

6. Mother's Maiden Name, Mary Virginia Langley

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Stonewall Jackson Hammer

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Poppleton St.

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97-231.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child.

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, September 20th 1897.

4. Place of Birth (Street and Number), No 1437 Hubbard St.

5. Full Name of Mother, Kate Elizabeth Roach

6. Mother's Maiden Name, " " Knox

7. Mother's Birthplace, " Baltimore Md.

8. Full Name of Father, John Roach

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Ellie Dowward

Address, No 1440 Hull St.

Remarks,

Guy Co., City Printers and Stationers.

RETURN OF A BIRTH

Over 9 7 2 32.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child - Anthony

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, September 28th 1887
4. Place of Birth (Street and Number), 219 S. Fremont Street
5. Full Name of Mother, Kate Wisemanner
6. Mother's Maiden Name, Kate Breyer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Wisemanner
9. Father's Occupation, Manufacturer of Carbonated Beverages
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs C. Leclach

Address, No 733 N. Smith street

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH.

97233

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	September 28th 1897
4. Place of Birth (Street and Number)	519 N. Carolina St.
5. Full Name of Mother	Elvira Dudley
6. Mother's Maiden Name	Elvira Dembo
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Sam Dudley
9. Father's Occupation	Driver
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watson
Address	1301 N. Central Ave
Remarks	

RETURN OF A BIRTH 97234.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 28th 1891

4. Place of Birth (Street and Number), 610 Gittel st

5. Full Name of Mother, Annie Moser

6. Mother's Maiden Name, Hoffman

7. Mother's Birthplace, City

8. Full Name of Father, George Moser

9. Father's Occupation, Saylor

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Daly

Address, 1944 Bank st

Remarks,

ing Co., City Printers and Stationers

GIVEN NAME ADDED 10-25-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, August 2 1887
4. Place of Birth (Street and Number), 604 Camden St
5. Full Name of Mother, Mena Konder
6. Mother's Maiden Name, Mena Deckman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Tailor F Konder
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Hedgood Alley

Remarks, 529 Columbia Ave

ng Co., City Printers and Stationers

RETURN OF A BIRTH 97236.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 28th
4. Place of Birth (Street and Number), 608 Warner
5. Full Name of Mother, Anna Reuse
6. Mother's Maiden Name, Anna Rothing Höfer
7. Mother's Birthplace, Germany
8. Full Name of Father, John Reuse
9. Father's Occupation, Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Heligonda Olifer

Address, 529 Columbia Ave

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 9,237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sep 28. 1887
4. Place of Birth (Street and Number),	Fouel St No 1429.
5. Full Name of Mother,	Maggie Conroe
6. Mother's Maiden Name,	Maggie Mcary
7. Mother's Birthplace,	Balt
8. Full Name of Father,	John Conroe
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant or other person who makes this Return.	Mrs Ettel
Address,	No 1619 Eutaw St
Remarks,	

...re Co., City Printers and Stationers.

RETURN OF A BIRTH 92238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 28th 1887
4. Place of Birth, (Street and Number) S. Exeter St No 400
5. Full Name of Mother, Elisa Becker
6. Mother's Maiden Name, Elisa Funk
7. Mother's Birthplace, Altenstadt Prussia Germany
8. Full Name of Father, Johan Becker
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Mühlheim Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9,239.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether male or female), male.
2. Race or Color (if not of the white race), White,
3. Date of Birth, September the 28th 1917
4. Place of Birth (Street and Number), 1308 Garrett Av Apt.
5. Full Name of Mother, Barbara Heintz,
6. Mother's Maiden Name, Barbara Goeller.
7. Mother's Birthplace, Koenigreich Bayern by Bamberg,
8. Full Name of Father, Joseph Heintz,
9. Father's Occupation, A Laborer
10. Father's Birthplace, in Russian Poland,

Name of Medical Attendant, or other person who makes this Return. Ana Maria Goeller

Address, 1703 Hanover St

Remarks, City,

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 (9720)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W —

3. Date of Birth, Sept 28th

4. Place of Birth, (Street and Number) 869 N. Howard

5. Full Name of Mother, Sallie Simmons Brady

6. Mother's Maiden Name, Sallie Simmons

7. Mother's Birthplace, Georgetown Maryland

8. Full Name of Father, Hugh Brady

9. Father's Occupation, Dealer in Notions & Dry Goods

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. William Leavitt

Address. Entrance H Hospital

Remarks,

City Printers and Stationers

RETURN OF A BIRTH 9/241.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	28 September
4. Place of Birth (Street and Number),	0. Donnel 1216.
5. Full Name of Mother,	Maggie Stephan
6. Mother's Maiden Name,	Wlodyka
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Michal Stephan
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Pauliene Lewenau
Address,	1224 Hare Street
Remarks,	

...ore City Printers and Stationers.

RETURN OF A BIRTH 9/242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ter Child

1. Sex (state whether male or female), Girl

2. Race or Color (if not of the white race), White

3. Date of Birth, Geboren den 28 September

4. Place of Birth (Street and Number), 3221 Esser Str

5. Full Name of Mother, Louise Zepp

6. Mother's Maiden Name, Louise Werner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Georg Zepp.

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

ing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 97243.

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 29th 1857

4. *Place of Birth, (Street and Number)* 161 Lombard

5. *Full Name of Mother,* Emma Rose

6. *Mother's Maiden Name,* Emma Baetzen

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John C. Rose

9. *Father's Occupation,* Lawyer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. W. McClellan

Address, 319 W. Lombard

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 29 1892
4. *Place of Birth, (Street and Number)*	510 East St
5. *Full Name of Mother,*	Emma L. Snider
6. *Mother's Maiden Name,*	Ross
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Louis L. Snider
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chas. M. Nelson M.D.
Address,	725 Cathedral St
Remarks,	

RETURN OF A BIRTH.

97245.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 29th
4. Place of Birth (Street and Number)	1212 John St
5. Full Name of Mother	Florence Frazier
6. Mother's Maiden Name	Florence Mertz
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	McHenry G. Frazier
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	S. S. Field
Address	#1637 Edmondson Avenue
Remarks	

RETURN OF A BIRTH, 97246

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) _____

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept. 29th 1897
4. *Place of Birth, (Street and Number)* 414 Laurens st
5. *Full Name of Mother* Dellie Belle Heyman
6. *Mother's Maiden Name* " " " Timms
7. *Mother's Birthplace* Texas
8. *Full Name of Father* Henry Parr Heyman
9. *Father's Occupation* Druggist
10. *Mother's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. R. McKim

Address 1401 Linden ave

Remarks _____

RETURN OF A BIRTH 9247.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8: child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 29: 1905

4. Place of Birth, (Street and Number) 923 Luzerne Street

5. Full Name of Mother. Mary Elizabeth Burke

6. Mother's Maiden Name, McE Dorsett

7. Mother's Birthplace. Baltimore City

8. Full Name of Father. Wm Henry Burke

9. Father's Occupation. Steam Carpenter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E Danielle MD

Address, 1701 E Baltimore St.

Remarks.

City Printers and Stationers.

RETURN OF A BIRTH 97248.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 29th 1904

4. Place of Birth, (Street and Number) 101 Johnson Street

5. Full Name of Mother, Edith Johnson

6. Mother's Maiden Name, Edith Parson

7. Mother's Birthplace, England

8. Full Name of Father, Ed Johnson

9. Father's Occupation, R.R. Conductor

10. Father's Birthplace, W. Va.

Name of Medical Attendant, or other Person who makes this Return. L. R. Wiley M.D

Address, 745 N. Leonard St City

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 9249.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Ida Florence Cooper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 29/87
4. Place of Birth, (Street and Number)	627 Mulberry St
5. Full Name of Mother,	Ida F Cooper
6. Mother's Maiden Name,	Laton
7. Mother's Birthplace,	N. Y.
8. Full Name of Father,	Thos J. Cooper
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return,	Thomas Opie M D
Address,	600 N. Howard St
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH 97250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 27, 1887

4. Place of Birth, (Street and Number) 1011 Vine St.

5. Full Name of Mother, Maggie Burke

6. Mother's Maiden Name, Hynes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Burke

9. Father's Occupation, Boilermaker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. J. F. Inverso

Address, 239 W. Fayette St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

97251.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 7
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Sept 29 1887
4. *Place of Birth (Street and Number)*	1325 N Stricker
5. *Full Name of Mother*	Mollie Ratcliffe
6. *Mother's Maiden Name*	Mollie Coales
7. *Mother's Birthplace*	Petersburg Va
8. *Full Name of Father*	Conway B Ratcliffe
9. *Father's Occupation*	Printer
10. *Father's Birthplace*	Alexandria Va
Name of Medical Attendant, or other Person who makes this Return.	J. E. Chappelle M.D
Address	36 S. Eutaw St
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	29 Sept 1887
4. Place of Birth (Street and Number),	Garland St 110 S St
5. Full Name of Mother,	Katie Skuly
6. Mother's Maiden Name,	Katie Gallagher
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jim Skuly
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Martin M Mitchell
Address,	Caldwell Alley 1110
Remarks,	

for each offence, to be recovered as other fines and to enure to the use of the corporation.

...hting Co., City Printers and Stationers.

RETURN OF A BIRTH 9753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, September 29/87

4. Place of Birth (Street and Number), No 1510 Thames St.

5. Full Name of Mother, Katie Bolles

6. Mother's Maiden Name, Bockleyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Bernhard Bolles

9. Father's Occupation, Storekeeper

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 403 S. Washington St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ning Co., City Printers and Stationers.

RETURN OF A BIRTH 97254.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	September 29th 1897
4. Place of Birth (Street and Number),	336 Lemon Street
5. Full Name of Mother,	Susan Clark
6. Mother's Maiden Name,	Susan Kelly
7. Mother's Birthplace,	St. Marys County
8. Full Name of Father,	Wallace Clark
9. Father's Occupation,	Waiter
10. Father's Birthplace,	St Marys County
Name of Medical Attendant, or other person who makes this Return.	Mary Simson
Address,	337 Walnut alley
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

bing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept. 29th 1887
4. Place of Birth (Street and Number),	9 Bonnel St. East, Canton
5. Full Name of Mother,	Sarah Rapp
6. Mother's Maiden Name,	" Dee
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Rapp
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Rev. Mansfield M.D
Address,	129 So Broadway
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Twins (Males)
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept. 29th 1887
4. Place of Birth (Street and Number),	1721 E. Balt. St.
5. Full Name of Mother,	Catherine McCoy
6. Mother's Maiden Name,	" Cook
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Alex McCoy
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Canada
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M. D.
Address,	129 S. Broadway
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 29th 1887.
4. Place of Birth (Street and Number),	No. 112 Hammelacher's court
5. Full Name of Mother,	Elina. Leiffert
6. Mother's Maiden Name,	Elina. Kolt.
7. Mother's Birthplace,	Altpreussen - Germany.
8. Full Name of Father,	Julius Leiffert.
9. Father's Occupation,	Schoemaker.
10. Father's Birthplace,	Altpreussen Germany.
Name of Medical Attendant, or other person who makes this Return.	Augusta, Busian
Address,	927 S. Sharp st.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 9256.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 30th. 1887
4. Place of Birth (Street and Number),	612 N. Bond St.
5. Full Name of Mother,	Lizzie Pitt
6. Mother's Maiden Name,	Lizzie Miller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Pitt
9. Father's Occupation,	Printer
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A. Butt
Address,	1245 S. E. cor. Monument St. & Central av.
Remarks,	Not Well

the Commissioner of Health. In the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	30 of September 1887
4. Place of Birth (Street and Number),	1012 Eastern Avenue
5. Full Name of Mother,	Mary Teresa Jula
6. Mother's Maiden Name,	Mary Teresa Padula
7. Mother's Birthplace,	Laurenzana Italy
8. Full Name of Father,	Francis Savio Jula
9. Father's Occupation,	Mucian
Father's Birthplace,	Laurenzana Italy
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

...who neglects hereafter [illegible] to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 9760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or color, (if not of the white race) Colored
3. Date of Birth. September 30th 1887.
4. Place of Birth, (Street and Number) N. Ann St. No. 221
5. Full Name of Mother, Elisa Curtis
6. Mother's Maiden Name. Elisa Jackson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Robert Curtis
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 114

Remarks, Dead born

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 99261.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Friday September 30th 1887.
4. Place of Birth, (Street and Number) 2242 Bank st.
5. Full Name of Mother, Maggie Mary Ruschel.
6. Mother's Maiden Name, Mahl.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Ernest M. Ruschel.
9. Father's Occupation, Upholsterer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Sarah P Harrington.

Address, old number 987 Eastern ave.

Remarks,

Any false statement in this Return subjects the party making it to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97262.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 30th 1897
4. Place of Birth (Street and Number),	No 605 Cannon Street
5. Full Name of Mother,	Mrs Emma Lang.
6. Mother's Maiden Name,	Miss Emma Lang
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Lang
9. Father's Occupation,	Baker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Rachel A. Tyler
Address,	* 2513 Canton Avenue
Remarks,	

For each Return, [illegible]

[illegible]hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* August 3rd 87
4. *Place of Birth (Street and Number),* 19 Ramsay
5. *Full Name of Mother,* Lizzie Harman
6. *Mother's Maiden Name,* Lizzie Harman
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Henry Washington
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9264.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), Colored.
3. Date of Birth, Sept 30"
4. Place of Birth (Street and Number), Lying in Hosp. 622 N. Lombard.
5. Full Name of Mother, Mary Dyson.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Not known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Peace (Asst)

Address, 319 N. Monument St

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
2. Sex, (state whether male or female)	Male
3. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	September 30, 1887
4. Place of Birth, (Street and Number)	33 S. Bethel Street
5. Full Name of Mother,	Jane Wilson
6. Mother's Maiden Name,	Jane Bishop
7. Mother's Birthplace,	Worcester County
8. Full Name of Father,	John Wilson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Norfolk
Name of Medical Attendant, or other Person who makes this Return.	Susan Hooper
Address,	258 S. Bethel Street
Remarks,	

, City Printers and Stationers.

RETURN OF A BIRTH 9766.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Sept. 30. 1887

4. Place of Birth (Street and Number), 334 N. Washington Av.

5. Full Name of Mother, Mrs. Mary Ann Ruth

6. Mother's Maiden Name, Miss Mary Ann Hess

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, David Ruth

9. Father's Occupation, Cap Manufacturer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. Glanville Keech M.D.

Address, 1010 E. Balt. St.

Remarks, Breech presentation, delivered by turning

RETURN OF A BIRTH 97267.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	[illegible]
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	colored
3. Date of Birth,	September 30 [illegible]
4. Place of Birth (Street and Number),	521 Montgomery al
5. Full Name of Mother,	Clara Murphy
6. Mother's Maiden Name,	Clara Brown
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Robert Murphy
9. Father's Occupation,	Coal Mason
10. Father's Birthplace,	Church Hill Virginia
Name of Medical Attendant, or other person who makes this Return.	Mary Murphy
Address,	521 Montgomery al
Remarks,	first Ward

[illegible] Co., City Printers and Stationers

RETURN OF A BIRTH 9 y 68.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 30th. 99.

4. Place of Birth, (Street and Number) # 308 S. Paca St

5. Full Name of Mother, Lizzie Weston Watson

6. Mother's Maiden Name, Lizzie Weston.

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, Thomas Watson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. N. C. Ohle M. D.

Address, N. cor. Conaltown Ave & Fayette St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 9,269.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 1st 1887
4. Place of Birth, (Street and Number) Fawn St No 54
5. Full Name of Mother, Mary Whalen
6. Mother's Maiden Name, Mary Kimmel
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Luther Whalen
9. Father's Occupation, Plumber.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N Dallas St No 114

Remarks,

RETURN OF A BIRTH 9/2/90.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 1st - 1887
4. Place of Birth (Street and Number),	511 Hanover St
5. Full Name of Mother,	Mary Griffin
6. Mother's Maiden Name,	Shaughnessy
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick Griffin
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	J C Burch MD
Address,	511 Hanover St
Remarks,	

Guy, City Printers and Stationers.

RETURN OF A BIRTH 9/29/.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state, whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Sept ~~6th~~ 1st

4. Place of Birth, (Street and Number) 2021 Ramsay st

5. Full Name of Mother, Rachel T. Bailey

6. Mother's Maiden Name, " " Griffith

7. Mother's Birthplace, Balto City

8. Full Name of Father, John H. Bailey

9. Father's Occupation, Brick maker

10. Father's Birthplace, Penna.

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Lenan

Address, No. 1025 Ramsay st

Remarks, Stillborn Child.

RETURN OF A BIRTH 9272.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Twins 2 Female

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 1 1887

4. Place of Birth (Street and Number), 323. S. Caroline St.

5. Full Name of Mother, Maggie Goetz

6. Mother's Maiden Name, Wehn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Caspar Goetz

9. Father's Occupation, Saloon

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427½ Pratt St.

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97273.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, 2 September

4. Place of Birth, (Street and Number), Burgunderstr 108

5. Full Name of Mother, Kathie Schneider

6. Mother's Maiden Name, Kathie Strohl

7. Mother's Birthplace, Germany

8. Full Name of Father, Georg Schneider

9. Father's Occupation, Seaman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Auguste Bostien

Address, 927 Sharp Street

Remarks,

For each Offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 2nd
4. Place of Birth, (Street and Number) 928 Morris Alley
5. Full Name of Mother, Priscilla Bolden
6. Mother's Maiden Name, " Barton
7. Mother's Birthplace, Balt
8. Full Name of Father, Solomon Bolden
9. Father's Occupation, Laborer
10. Father's Birthplace, Centreville P.A. Md.
11. Name of Medical Attendant, or other Person who makes this Return. Dr Laura Lansing M.D.
12. Address, 101 Madison Ave cor Eutaw St
13. Remarks, Child died at two days old

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 97275.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sunday Sept. 2nd 1887
4. Place of Birth, (Street and Number)	926 E. Madison St
5. Full Name of Mother,	Lena Levy
6. Mother's Maiden Name,	Lena Hamut
7. Mother's Birthplace,	New York
8. Full Name of Father,	Julius Levy
9. Father's Occupation,	Tailor
Father's Birthplace,	Poland
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	Chas St & Fremont Place
Remarks,	

or persons who shall knowingly fail to comply with the provisions of this
for each offence, to be recovered as other fines and forfeitures are recoverable.

Co. City Pr... and Stationers.

RETURN OF A BIRTH 97276.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~First~~, 2d.

1. Sex (state whether male or female), Female,
2. Race or Color (if not of the white race), White,
3. Date of Birth, Sept 3d 1887.
4. Place of Birth (Street and Number), 710 N Broadway
5. Full Name of Mother, Mollie Curnan,
6. Mother's Maiden Name, Mollie Patton,
7. Mother's Birthplace, Richmond Va,
8. Full Name of Father, Robert Curnan,
9. Father's Occupation, Salesman.
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. J. W. Edmunds

Address, 309 N Eutaw St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99277.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Sept 4th
4. *Place of Birth (Street and Number),*	231 North Schroeder St
5. *Full Name of Mother,*	Anna Elizabeth Weber
6. *Mother's Maiden Name,*	Anna Elizabeth Elliott
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Joseph Weber
9. *Father's Occupation,*	Porter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Dinsler
Address,	231 N. Schroeder St
Remarks,	Baltimore

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the same penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/278.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, September 4th

4. Place of Birth (Street and Number), 321 North Appleton Street

5. Full Name of Mother, Virginia Ann Michael Romoser

6. Mother's Maiden Name, Virginia Ann Michael Mathews

7. Mother's Birthplace, Union Meeting House Baltimore Co.

8. Full Name of Father, Gustav Albert Romoser

9 Father's Occupation, Blacksmith.

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Dunbar

Address, ~~321 Appleton st~~ 217 N. Schroeder St Baltimore

Remarks, Perfect.

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine or penalty therein for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97279.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female); Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Sept. 4th
4. Place of Birth (Street and Number), Fru Lying in Hospital
5. Full Name of Mother, Mary Nilson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St.

Remarks, "

who shall neglect or refuse to make such return, or who shall make a false return, shall forfeit for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9.7.88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race),
3. Date of Birth, Sept 4"
4. Place of Birth (Street and Number), The Lying in Hosp. 642 N. Lombard
5. Full Name of Mother, Annie Dorsey.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Not known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L E Neal Cert.

Address, 319 N. Monument St

Remarks,

Who shall neglect or refuse to comply with the provisions of this act shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 5th of September 1897

4. Place of Birth (Street and Number), 2511 Alice-anne st. ~~1907~~

5. Full Name of Mother, ~~Elizabeth Scott~~

6. Mother's Maiden Name, Elizbeth Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Scott

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A. Dorman

Address, Canton Ave 2119

Remarks,

Who shall knowingly make any false statement in this Return, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not less than fifty dollars nor more than one hundred dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 97282.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female).	Female
2. Race or Color (if not of the white race).	
3. Date of Birth,	September 5/87
4. Place of Birth (Street and Number),	No 314 S. Exeter St.
5. Full Name of Mother,	Katie Hoffmann
6. Mother's Maiden Name,	Finn
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Hoffmann
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,1183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Male.

2. Race or Color (if not of the white race), White,

3. Date of Birth, Sept 6, 1897.

4. Place of Birth (Street and Number), 1124 E Monument St,

5. Full Name of Mother, Katie Broadbeck,

6. Mother's Maiden Name, Katie Haidu,

7. Mother's Birthplace, Balto City

8. Full Name of Father, Robt Broadbeck,

9. Father's Occupation, Painter,

Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 305 N Eutaw St

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9284.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	September 6/87
4. Place of Birth (Street and Number),	No 604 Caton St Canton
5. Full Name of Mother,	Margaretha Pollak
6. Mother's Maiden Name,	Kluyfer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Pollack
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	Mrs. Louise Kraft
Address,	No 405 S. Washington St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 97285.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	September 6th 1887
4. *Place of Birth (Street and Number),*	1006 Biddle St.
5. *Full Name of Mother,*	Kate Hubel
6. *Mother's Maiden Name,*	Kate Baker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michel Hubel
9. *Father's Occupation,*	Farmster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Butt.
Address,	1245 N. W. cor. Monument St. & Central av.
Remarks,	All Well.

Who shall neglect or fail to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97286.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	September 7/87
4. Place of Birth (Street and Number),	No 516 S. Register St.
5. Full Name of Mother,	Susie Meier
6. Mother's Maiden Name,	Köhler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	August Meier
9. Father's Occupation,	Clerk
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

Who shall hereafter fail to comply with the requirements of this law shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than ten dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cora Ferguson Chambers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex (state whether male or female), Female.

2. Race or Color (if not of the white race), White.

3. Date of Birth, Sept 8th 1887.

4. Place of Birth (Street and Number), 309 N Eutaw St.

5. Full Name of Mother, Cora F Chambers,

6. Mother's Maiden Name, Cora Ferguson.

7. Mother's Birthplace, Maryland.

8. Full Name of Father, T. D. Chambers

9. Father's Occupation, Physician.

Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return. T. D. Chambers

Address, GIVEN NAME ADDED. 6-26-53 309 N Eutaw St.

Remarks, L.M.

who shall hereafter fail to comply with the provisions of this section shall be ... for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White,
3. *Date of Birth,* Sept. 8, 1887,
4. *Place of Birth (Street and Number),* 605 Penn Ave,
5. *Full Name of Mother,* Fannie Schoenman,
6. *Mother's Maiden Name,* Fannie Wurtzburger,
7. *Mother's Birthplace,* Balto City,
8. *Full Name of Father,* Jacob Schoenman,
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto City,

Name of Medical Attendant, or other person who makes this Return. Fr. Schaumburg

Address, 309 N Paca St,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97287.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 8th. 1887
4. *Place of Birth (Street and Number),* 1222 N. Co Eldery St.
5. *Full Name of Mother,* Marie Gorden
6. *Mother's Maiden Name,* Marie Finle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Gorden
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. M. A. Bull.

Address, 1245 S.W. cor Monument St. & Central av.

Remarks, All Well

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ding Co., City Printers and Stationers.

RETURN OF A BIRTH

9/270.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 8th 1887

4. Place of Birth, (Street and Number) 127 W. First St

5. Full Name of Mother, Mrs Walter O Blackiston

6. Mother's Maiden Name, Miss Hallie St Clair

7. Mother's Birthplace, Norfolk Va

8. Full Name of Father, Mrs Walter O Blackiston

9. Father's Occupation, Dec'd Central R.R.

Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. L E Neale MD

Address, 319 N Monument St

Remarks,

...ty Printers and Stationers.

RETURN OF A BIRTH 9/2 91,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	DeLancey Barclay Young 3d ~~3d~~
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Sept 9th 87
4. Place of Birth, (Street and Number)	841 N Longwood St
5. Full Name of Mother,	Elizabeth H Young
6. Mother's Maiden Name,	" Chance
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	DeL. Young
9. Father's Occupation,	Paper-hanger
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	DeLancey H. Barclay Asst D
Address,	106 N. Conway St
Remarks,	GIVEN NAME ADDED. 10-30-53 4.M

any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 92192.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 9th 1887.
4. Place of Birth (Street and Number),	719 Eden St.
5. Full Name of Mother,	Sarah Shafer
6. Mother's Maiden Name,	Sarah Hinson
7. Mother's Birthplace,	Eastern Shore
8. Full Name of Father,	L. Conor
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Butt
Address,	1245 S. W. cor Monument & Central ave
Remarks,	See Will.

for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 97293.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (state whether male or female), female

2. Race or Color (if not of the white race), Jewish

3. Date of Birth, 11 September

4. Place of Birth (Street and Number), 1115 Low St.

5. Full Name of Mother, Annie Levy

6. Mother's Maiden Name, " Friedman

7. Mother's Birthplace, Poland

8. Full Name of Father, Simon Levy

9. Father's Occupation, Polisher

Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Uhlig

Address, 1302 Holland St Balto.

Remarks,

who shall neglect, fail or refuse to comply with any of the provisions of this Act, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97294.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male,
2. Race or Color (if not of the white race),	White,
3. Date of Birth,	Sept. 12/87.
4. Place of Birth (Street and Number),	308. N Eutaw St.
5. Full Name of Mother,	Mary Condry
6. Mother's Maiden Name,	Mary McAlee,
7. Mother's Birthplace,	Pittsburg Pa,
8. Full Name of Father,	Samuel Condry
9. Father's Occupation,	R R Brakeman,
10. Father's Birthplace,	New York City
Name of Medical Attendant, or other person who makes this Return.	Kate Cunningham
Address,	308 N Eutaw St,
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99295.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 7th 1887

4. Place of Birth, (Street and Number) # 309 N Stricker St

5. Full Name of Mother, Elizabeth E Starlings

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Maryland

8. Full Name of Father, Frank Starlings

9. Father's Occupation, Carpenter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Saml J Bell M.D.

Address, 314 N Eutaw St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 97296.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 13th 1887
4. Place of Birth (Street and Number),	1711 McCulloh
5. Full Name of Mother,	
6. Mother's Maiden Name,	Maria Schwarzenberger
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Christ. Lang
9. Father's Occupation,	Baker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm M. D. Butt
Address,	1245 W. Mt. cor Monument St. & Central av.
Remarks,	Well Well

Guthrie Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	1st (9?-97)
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Sept 13th 97
4. Place of Birth, (Street and Number)	914 Light St
5. Full Name of Mother,	Annie Lanahan
6. Mother's Maiden Name,	Annie Hoffman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	E. F. Lanahan
9. Father's Occupation,	Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Lanay H. Barday Jr.
Address,	108 W. Conway St
Remarks,	

Subject to the fine of ten (10) dollars for each [illegible]

[illegible], CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9 / 2 98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	September 14th. 1887
4. *Place of Birth (Street and Number).*	611 N. Central avenue
5. *Full Name of Mother,*	Magretha Warner
6. *Mother's Maiden Name,*	Margretha Breidenbach
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. Warner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Bott.
Address,	1245 S.W. cor Monument St. & Central av.
Remarks,	All Well

Co., City Printers and Stationers.

RETURN OF A BIRTH 97299.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 15th 1887
4. Place of Birth, (Street and Number) Canton Ave No 1807
5. Full Name of Mother, Julia Derscheidt
6. Mother's Maiden Name, Julia Lamm
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Christian Derscheidt
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore City,

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, N. Dallas St No 114

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9300.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Sept. 16th 87
Place of Birth, (Street and Number)	2210 E. Monument St
Full Name of Mother,	Mary Althaus
Mother's Maiden Name,	C. Hamel
Mother's Birthplace,	Balto
Full Name of Father,	William Althaus
Father's Occupation,	Saloon keeper
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Wm Gould M.D.
Address,	610 S. Sharp St
Remarks,	

BLANK AND STATIONERS

RETURN OF A BIRTH 97301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	September 16th. 1887
4. *Place of Birth (Street and Number),*	1313 1/2 Dallis St.
5. *Full Name of Mother,*	M. Rhein
6. *Mother's Maiden Name,*	M. Fishbach
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Peter Rhein
9. *Father's Occupation,*	Brass Finisher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Britt
Address,	1245 E. cor. Monument St. & Central av.
Remarks,	M C Wall

ing Co. City Printers and Stationers.

RETURN OF A BIRTH 97302.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 17th of September 1887

4. Place of Birth (Street and Number), 2126 Bank st.

5. Full Name of Mother, Hannah S. Taylor

6. Mother's Maiden Name, Hannah S. Dorman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Taylor

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A. Dorman

Address, 2119 Canton Ave.

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97303.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
Date of Birth,	September 18 [illegible]
Place of Birth, (Street and Number)	No. [illegible] Chapel Street.
Full Name of Mother,	Kitty Davis
Mother's Maiden Name,	Kitty Andreasen
Mother's Birthplace,	Stavanger Norway Europe
Full Name of Father,	Thomas Davis
Father's Occupation,	Labourman
Father's Birthplace,	Flensburg Holstein
Name of Medical Attendant, or other Person who makes this Return	Ellen Smith
Address,	1913 Eastern av. City
Remarks,	

[illegible] AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(97304)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) White, Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 19 1897

4. Place of Birth, (Street and Number) 1712 E Oxford Street

5. Full Name of Mother, Hattie Finch

6. Mother's Maiden Name, Hattie Finch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo W Finch

9. Father's Occupation, Retired Capitalist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr Geo Finch

Address, 1712 Oxford St

Remarks,

Any person or persons who shall make any false entry in the above Return, shall be prosecuted as other fines and penalties are recoverable, to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9/305.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* September 14/87
4. *Place of Birth (Street and Number),* No. 901 S. Wolf St.
5. *Full Name of Mother,* Amalie Strohecker
6. *Mother's Maiden Name,* Sohell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Friedrich Strohecker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No. 405 S. Washington St.

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

97306

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female - Lillian Dolores Gans
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20. 87
4. Place of Birth, (Street and Number) 1012 Lafayette Ave
5. Full Name of Mother, Elizabeth H. Gans
6. Mother's Maiden Name, " Hall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edgar G. Gans
9. Father's Occupation, Lawyer
10. Father's Birthplace, Harrisburg Pa

Name of Medical Attendant, or other Person who makes this Return P. B. Williams

Address, 910 Madison Ave

Remarks, Sister name added July 7-1936 by Gans
Not sent earlier because of illness in my family

Lillian Dolores Gans

to a fine of ten dollars for each

STERS AND STATIONERS.

RETURN OF A BIRTH 97307.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	2 Sept 1881
4. Place of Birth (Street and Number),	Boone St 1128 N. St
5. Full Name of Mother,	Mary Sieps
6. Mother's Maiden Name,	Mary Burry
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ben Sieps
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Charlotte Mitchell
Address,	Baldmer & Ely 1121 o
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	Sep. 23. 1897
4. *Place of Birth (Street and Number),*	413 Eager St
5. *Full Name of Mother,*	Minnie Featherstone
6. *Mother's Maiden Name,*	" Hess
7. *Mother's Birthplace,*	Baltimore Co
8. *Full Name of Father,*	Henry Featherstone
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Baltimore Co
Name of Medical Attendant, or other person who makes this Return.	Wm Ross Asst Sabaun
Address,	No 116 E. Fairmount Ave Baltimore
Remarks,	M.C.

ing Co., City Printers and Stationers

RETURN OF A BIRTH. 97309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 24 September

4. Place of Birth, (Street and Number) Wilcomalley 123

5. Full Name of Mother, Sadie Sawyer

6. Mother's Maiden Name, Lucy Smith

7. Mother's Birthplace Charles Sawyer

8. Full Name of Father,

9. Father's Occupation, Sailor

10. Father's Birthplace, North hampton Co

Name of Medical Attendant, or other Person who makes this Return. Emily Mure

Address, 123

Remarks,

...Sty Printers and Stationers.

RETURN OF A BIRTH? 7310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 25th 1887

4. Place of Birth, (Street and Number) # 2118 Eastern Ave

5. Full Name of Mother, Mary Rose

6. Mother's Maiden Name, a Cumberland

7. Mother's Birthplace, Washington D C

8. Full Name of Father, John Rose

9. Father's Occupation, Bridge Builder

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. H E Brooks M.D.

Address, 1519 E Baltimore St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

7-311.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 26th 1887

4. Place of Birth, (Street and Number) 26 St Peter st

5. Full Name of Mother, Lucy J. Earley

6. Mother's Maiden Name, Lucy J. Radcliffe

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thomas Earley

9. Father's Occupation, Carver

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, G. R. Wiley M.D

Address, 400 W. Fayette st City

Remarks,

RETURN OF A BIRTH. 97312.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 27th 1897

4. Place of Birth, (Street and Number) # 1077 W. Lexington St

5. Full Name of Mother, E. Powell

6. Mother's Maiden Name, " Hudson

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Jas Powell

9. Father's Occupation, Huckster

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer M.D

Address, 858 N. Fremont St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 97313.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Sept. 27th 1881

Place of Birth, (Street and Number) 229 W. Pratt St.

Full Name of Mother, Bernhardine Auer

Mother's Maiden Name, Kurrelmeyer

Mother's Birthplace, Germany

Full Name of Father, Wm Auer

Father's Occupation, Waiter

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return — Wm Gombel M.D.

Address, 610 S. Sharp St

Remarks,

RETURN OF A BIRTH 97314.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) Colored

4. Date of Birth, 28 Sept

5. Place of Birth, (Street and Number) 605 Preston St

6. Full Name of Mother, Emma Virginia Wood

7. Mother's Maiden Name, Emma Virginia Taylor

8. Mother's Birthplace, Baltimore Md

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Fowler

Address, 646 West Biddle St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 97315.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	
Date of Birth,	September 29th
Place of Birth, (Street and Number)	Bond Street No 421
Full Name of Mother.	Mary Bonnett
Mother's Maiden Name,	Mary Bippenbaum
Mother's Birthplace.	Baltimore, Md. U.S.A.
Full Name of Father,	Jacob Bonnett
Father's Occupation,	Labourer
Father's Birthplace.	Baltimore Md. U.S.A.
Name of Medical Attendant, or other Person who makes this Return	Ellin Smith
Address,	1913 Eastern av. City
Remarks,	

AND STATIONERS

Missing 97316-97327, incl.

RETURN OF A BIRTH 97328.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), Jewish

3. Date of Birth, 26 September

4. Place of Birth (Street and Number), 1125 Low St.

5. Full Name of Mother, Rachel Goldberg

6. Mother's Maiden Name, " Lewvitovitch

7. Mother's Birthplace, Rusia

8. Full Name of Father, Simon Goldberg

9. Father's Occupation, Taylor

10. Father's Birthplace, Rusia

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Hillig

Address, 1302 Holland st

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Martin Andrew — 1st Twin
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 11. 1897
4. Place of Birth, (Street and Number)	Eastern Avenue 20
5. Full Name of Mother,	Sarah McNulty
6. Mother's Maiden Name,	Sarah Lindy
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patk McNulty
9. Father's Occupation,	Laborer,
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 641 Patterson Park Ave
Remarks,	Called in Doctor Galley.

Liable to the fine of ten (10) dollars for each omission to make return as required by law.

RETURN OF A BIRTH 9733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 1st 1887.
4. Place of Birth, (Street and Number)	No 513 Bethel st
5. Full Name of Mother,	Rose Bauer
6. Mother's Maiden Name,	" Diel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Peter Bauer
9. Father's Occupation,	Brown Baker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH 97331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 1st 1887
4. Place of Birth, (Street and Number)	No 741 Bank str.
5. Full Name of Mother,	Mary Seamark
6. Mother's Maiden Name,	" Tarbert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Gerhard Harbert
9. Father's Occupation,	Painter " Grainer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave
Remarks.	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 1st 1887

4. Place of Birth, (Street and Number) S. Paca St

5. Full Name of Mother, Julia Darby

6. Mother's Maiden Name, Julia Brown

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Millard Darby

9. Father's Occupation, Carpenter

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. K. Wiles MD

Address, 405 W. Lombard St City

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

..., City Printers and Stationers.

RETURN OF A BIRTH 97333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, 1 October
4. Place of Birth (Street and Number), 1128 Lowell
5. Full Name of Mother, Barbara Dittman
6. Mother's Maiden Name, " Hofferbert
7. Mother's Birthplace, Europe
8. Full Name of Father, John Dittman
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Tibby

Address, 1302 Holland St.

Remarks,

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9733 4.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	1910, 1st October
4. Place of Birth (Street and Number),	1101 Canton Ave.
5. Full Name of Mother,	Margaret Turner
6. Mother's Maiden Name,	Handley
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John C. Turner
9. Father's Occupation,	Shipbuilder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

For each offence, to be recovered as [illegible]

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 97335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 14th of October 1887
4. Place of Birth (Street and Number), 421 South Chapple St.
5. Full Name of Mother, Mary Eckert
6. Mother's Maiden Name, Mary Hammon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Konrad Eckert
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A. Dorman

Address, 2119 Canton Ave.

Remarks,

ng Co., City Printers and Stationers.

RETURN OF A BIRTH

(G 1336)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child born Oct 1 died Oct 8

1. Sex, (state whether male or female) feamel the child was before it time

2. Race or Color, (if not of the white race) Colored and has been sick ever si

3. Date of Birth, Oct 1 th died 8 it was born

4. Place of Birth, (Street and Number) Near good man Ally # 2022

5. Full Name of Mother, Mary Elizebeth Hess

6. Mother's Maiden Name, Mary Davis

7. Mother's Birthplace, Anndrake. Co M D

8. Full Name of Father, Willam Harris

9. Father's Occupation, Comon Labrer

10. Father's Birthplace, Plum Ally Baltimore M D

Name of Medical Attendant, or other Person who makes this Return Mrs Anna Johnson

Address, Mrs Annia Johnson # China St

Remarks, and is to be bed in shape to Bregans

...TERS AND STATIONERS.

RETURN OF A BIRTH 97327.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 1st 1857
4. Place of Birth (Street and Number),	321 S. Wolf Street
5. Full Name of Mother,	Minnie Clemsen
6. Mother's Maiden Name,	Minnie Rosenthal
7. Mother's Birthplace,	Baltimore, Maryland,
8. Full Name of Father,	Thomas H Clemsen
9. Father's Occupation,	Stevedore
Father's Birthplace,	Baltimore, Maryland
Name of Medical Attendant, or other person who makes this Return,	R. L. Dashiell, Jr. M.D.
Address,	707 S. Broadway
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 97338.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 21 1897
4. Place of Birth (Street and Number),	1113 Lanvale
5. Full Name of Mother,	Mary E. Smith
6. Mother's Maiden Name,	" Patrick
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Geo. Smith
9. Father's Occupation,	Hair Carpenter
10. Father's Birthplace,	Elliott City Md.
Name of Medical Attendant, or other person who makes this Return.	C. Smith M.D.
Address,	420 N. Eutaw
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH, 97339.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Olivia Marshall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 12 o'clock Midnight Oct 1st 1883
4. *Place of Birth, (Street and Number)* 910 Canton St
5. *Full Name of Mother* Laura Ellen Marshall
6. *Mother's Maiden Name* L E Marshall
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Henry Marshall
9. *Father's Occupation* Railroad Clerk
10. *Father's Birthplace* England

Name of Medical Attendant, or other person who makes this Return. J E Pritchard MD

Address 2830 O'Donnell St

Remarks Both mother and child are done well

GIVEN NAME ADDED. 1-7-53

RETURN OF A BIRTH.

97340.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 1st 1887
4. Place of Birth (Street and Number)	No 2022 – Gough st
5. Full Name of Mother	Laura E. Hatch
6. Mother's Maiden Name	Laura E. George
7. Mother's Birthplace	Virginia
8. Full Name of Father	William J. Hatch
9. Father's Occupation	Painter
10. Father's Birthplace	Massachusetts
Name of Medical Attendant, or other Person who makes this Return.	Thomas B. Evans M. D
Address	No 121 Jackson Square – Balto. Md.
Remarks	

RETURN OF A BIRTH 97341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child.
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	12th of October 1887
4. Place of Birth (Street and Number),	2006 Jefferson street
5. Full Name of Mother,	Martha Justen
6. Mother's Maiden Name,	Martha Bracture
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Richard Bracture
9. Father's Occupation,	Plaster
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel street per Justina Kunkel
Remarks,	Healthy

for each offence, to be recovered before any Justice of the Peace.

...ning Co., City Printers and Stationers.

RETURN OF A BIRTH 97342.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1st of October 1897.
4. Place of Birth (Street and Number),	209 North Chapel Street
5. Full Name of Mother,	Kate Bauer
6. Mother's Maiden Name,	Katie Spahn
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Conrad Spahn
9. Father's Occupation,	Carpenter
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel
Address,	213 North Chapel Street per Crescentia Kunkel
Remarks,	Healthy.

Who shall hereafter fail to comply with the provisions of this Act shall for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Second
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 1st Inst.
4. Place of Birth (Street and Number),	#1814 West Pratt st
5. Full Name of Mother,	Ida Francis Plengler
6. Mother's Maiden Name,	do do Bean
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Phillip Plengler
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Hessen Darmstadt Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Dumas
Address,	#1927 West Lombard st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recovered.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH.

97344

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)		1st
1. *Sex (state whether Male or Female)*	—	Female.
2. *Race or Color (if not of the white race)*		Light Brown skin
3. *Date of Birth*	—	1st October
4. *Place of Birth (Street and Number)*		609 Second str
5. *Full Name of Mother*		Sarah Ekenman
6. *Mother's Maiden Name*	"	Ekenman
7. *Mother's Birthplace*	"	Washington " D.C.
8. *Full Name of Father*	"	Benjamin Brown.
9. *Father's Occupation*	"	Marketman
10. *Father's Birthplace*	"	Baltimore
Name of Medical Attendant, or other Person who makes this Return.		Darius Thomas
Address		609 second str 103 Chestnut st
Remarks		

RETURN OF A BIRTH 9345.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	October 1st. 1887.
4. Place of Birth (Street and Number),	1022 Boyd St.
5. Full Name of Mother,	Annie E. Lemmermann.
6. Mother's Maiden Name,	Annie E. Mahl.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Henry D. Lemmermann.
9. Father's Occupation,	Boiler Maker.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Miss Kuntz.
Address,	23 N. Appleton St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the like of similar cases for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97346.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 1st 1887
4. Place of Birth (Street and Number),	Population 15
5. Full Name of Mother,	Giuseppina Fertitta,
6. Mother's Maiden Name,	Giuseppina Clemente
7. Mother's Birthplace,	Italy
8. Full Name of Father,	Clemente Fertitta
9. Father's Occupation,	Baker in Fruit
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Population St
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97347.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 2nd 1887

4. Place of Birth, (Street and Number) 1503 William st

5. Full Name of Mother, Maggie Frederick

6. Mother's Maiden Name, Maggie Krouse

7. Mother's Birthplace, Germany

8. Full Name of Father, John Frederick

9. Father's Occupation, Laborer

10. Mother's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Cathrine Hornung

Address, M.D. 1517 Byrd st

Remarks,

RETURN OF A BIRTH 97348.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eaight Child
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 2" 1887.
4. Place of Birth, (Street and Number)	No 714 Broadway
5. Full Name of Mother,	Rosella Buck
6. Mother's Maiden Name,	" Robinson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Buck
9. Father's Occupation,	Butter Dealer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child
1. Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born record October 1887
4. Place of Birth (Street and Number),	No 412 Mc Henry st
5. Full Name of Mother,	Mrs Threare
6. Mother's Maiden Name,	Miss Gruff
7. Mother's Birthplace,	Born Hessen Germany
8. Full Name of Father,	Mr Threare
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Bayer Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	2127 west Pratt st
Remarks,	

Blanks Printed and Stationery

RETURN OF A BIRTH 97350.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
Sex (state whether male or female),	Boy
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	2nd of October 1887
4. *Place of Birth (Street and Number),*	703 Cannon Street
5. *Full Name of Mother,*	Annie Myers
6. *Mother's Maiden Name,*	Annie Stony
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred Stony
Father's Occupation,	Laborman
10. *Father's Birthplace,*	Carol county Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel Street per Justina Kunkel
Remarks,	Healthy.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, October 2nd 1887

4. Place of Birth (Street and Number), No 801 Pierce St

5. Full Name of Mother, Mary Woolford

6. Mother's Maiden Name, " Beverly

7. Mother's Birthplace, Virginia

8. Full Name of Father, Albert Woolford

Father's Occupation, Engineer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E. Hamilton St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97352

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Oct. 2nd 87.
Place of Birth, (Street and Number)	821 E Pratt St.
Full Name of Mother,	Rachel Rubin
Mother's Maiden Name,	" Pope
Mother's Birthplace,	Russia
Full Name of Father,	Jacob Rubin
Father's Occupation,	Work master
Father's Birthplace,	Russia
Name of Medical Attendant, or other Person who makes this Return	Frank G. Moyer M.D.
Address.	4. S. Exeter St.
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
[illegible]ex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Oct 2, 1917
4. Place of Birth, (Street and Number)	413 Rogers St
5. Full Name of Mother,	Sarah Hellen
6. Mother's Maiden Name,	Sarah White
7. Mother's Birthplace,	Eastern Shore
8. Full Name of Father,	James McClain
[illegible] Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jeanne [illegible]
Address,	432 Rogers St
Remarks,	

[illegible] Printer and Stationer.

RETURN OF A BIRTH 97354.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	5th of Oct 1857
4. Place of Birth (Street and Number),	No 821 Chase St
5. Full Name of Mother,	Mary G Sullivan
6. Mother's Maiden Name,	Mary Ginty
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Timothy Sullivan
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch Lauer
Address,	No 1057 Stanford Ave
Remarks,	Bal Md 1857

for each offence. Births must be recovered as debts. Births and Deaths are recoverable.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 97358.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* No 35 State Street

4. *Place of Birth, (Street and Number)* oct 21 85

5. *Full Name of Mother,* Susan Smith

6. *Mother's Maiden Name,* Susan Johnson

7. *Mother's Birthplace,* Essex county

8. *Full Name of Father,* Samuel Smith

Father's Occupation, Porter

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Sarah Duvall

Address, No 213 Jasper St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 9 1,356.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 2— 1887.
4. Place of Birth (Street and Number),	1822 Hanover st.
5. Full Name of Mother,	Emilie Joeckel.
6. Mother's Maiden Name,	Dorst.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Andrew Joeckel.
9. Father's Occupation,	Blacksmith.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

for each offence, to be recovered as

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97357.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 2nd 1887

4. Place of Birth, (Street and Number) 1364 Calhoun st

5. Full Name of Mother, Mary Eva Rial

6. Mother's Maiden Name, Mary Eva Grimes

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joseph Rial

9. Father's Occupation, Gas Company Clerk

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address, Cor Arlington & Lafayette Aves.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(97358.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	very bright
3. Date of Birth,	Oct 2nd
4. Place of Birth, (Street and Number)	934 Foster al.
5. Full Name of Mother,	Sarah Diamond
6. Mother's Maiden Name,	Sarah More
7. Mother's Birthplace,	west Va
8. Full Name of Father,	George Diamond
Father's Occupation,	Coal driver
Father's Birthplace,	Carrol County Md
Name of Medical Attendant, or other Person who makes this Return	Lydia somerville
Address,	646 Clinton ave
Remarks,	

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

91,359.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 2nd 1887
4. Place of Birth (Street and Number)	1504 North Ave.
5. Full Name of Mother	Mary E Swift
6. Mother's Maiden Name	Mary E Keith
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Luke Swift
9. Father's Occupation	Grain Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Arthur G Watson
Address	1301 N. Eutaw Ave.
Remarks	

RETURN OF A BIRTH 97360.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, Oct 2/87

4. Place of Birth (Street and Number), 707 Lemmon St

5. Full Name of Mother, Leithy Hendricks

6. Mother's Maiden Name, Leithy Jarrett

7. Mother's Birthplace, Va

8. Full Name of Father, Wm Hendricks

Father's Occupation, Laborer

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Jas Rowland

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97361.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

Sex, (state whether male or female) Male.

2. *Race or Color, (if not of the white race)* White race.

3. *Date of Birth,* October 2/87

4. *Place of Birth, (Street and Number)* No. 1736 Gould's Lane

5. *Full Name of Mother,* Lizbeth Zecher

6. *Mother's Maiden Name,* Kurz.

7. *Mother's Birthplace,* Penna

8. *Full Name of Father,* Jacob Becker

9. *Father's Occupation,* Cigar Maker

10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other Person who makes this Return. Annie Evans

Address, No 1714 Light st

Remarks,

for each child to be reported on a separate line and for each birth reported

[illegible] Printers and Stationers

RETURN OF A BIRTH 9736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 2nd 1885
4. Place of Birth (Street and Number),	1836 Eutaw St
5. Full Name of Mother,	Margaret Keys
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Keys
9. Father's Occupation,	Laborer
Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return.	Thomas Parker M.D.
Address,	518 Lexington
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 77363.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, 31st October
4. Place of Birth (Street and Number), 102 Pleasant st
5. Full Name of Mother, Mary E. Mahon
6. Mother's Maiden Name, Ward
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John D. Mahon
9. Father's Occupation, Commercial
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Fayette st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty and for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White race

3. Date of Birth, October 3rd 1892

4. Place of Birth, (Street and Number) No. 2303 Hanover St.

5. Full Name of Mother, Matilda Kilby

6. Mother's Maiden Name, [illegible] Starken

7. Mother's Birthplace, Prussia

8. Full Name of Father, Christian Kilby

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Eugene Cox

Address, No 1714 Lombard St.

Remarks,

City Printers and Stationers

RETURN OF A BIRTH. 97365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) Col

3. Date of Birth Oct 3 1887

4. Place of Birth, (Street and Number) Lydell St No 1107 Baltimore

5. Full Name of Mother, Laura Thomas

6. Mother's Maiden Name, Laura Gardner

7. Mother's Birthplace, St Mary Co

8. Full Name of Father, Elijah Thomas

9. Father's Occupation. Farmer

Father's Birthplace, King William Co Va

Name of Medical Attendant, or other Person who makes this Return.

Address, Dr Ellis & Lemmon No 1164 Lydell St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH 97366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 and 7th Child

1. Sex, (state whether male or female) male and female
2. Race or color, (if not of the white race) White
3. Date of Birth, October 3th 1887
4. Place of Birth, (Street and Number) N. Washington St No 135
5. Full Name of Mother, Johanna Kunkel
6. Mother's Maiden Name, Johanna Kerner
7. Mother's Birthplace, Herbsrit. Hanofer Germany
8. Full Name of Father, Gustav Kunkel
9. Father's Occupation, Provison Dealer
10. Father's Birthplace, Hanofer. Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Muller

Address, N Dallas St No 114

Remarks, Twins

jected to the line of fold to bind in the case, to be covered by the binding.

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97361.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Oct 3 1911
4. Place of Birth (Street and Number),	876 Tyson Street
5. Full Name of Mother,	Mary Helen Brown Johnson
6. Mother's Maiden Name,	" " "
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	William Johnson
9. Father's Occupation,	Waiter
Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Anna Anna Johnson
Address,	710 Tyson Street
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subject to the like penalties for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97368.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 12 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) female 5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, October 3 1887

4. Place of Birth, (Street and Number) No 930 Morris Alley

5. Full Name of Mother, Lydia A. V. Brown

6. Mother's Maiden Name, Lydia A. V. Wilson

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Samuel H. Brown

9. Father's Occupation, Laborer

10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Amelia Bank

Address, No 9 1/2 Canton street

Remarks,

for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 97369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Octo. 3d 1887.
4. Place of Birth (Street and Number),	550 Roberts
5. Full Name of Mother,	Cecelia Hammerslough
6. Mother's Maiden Name,	Myers
7. Mother's Birthplace,	Balto. City.
8. Full Name of Father,	Julian Hammerslough
9. Father's Occupation,	Clerk.
Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return.	J. A. Christian M.D.
Address,	1821 Madison Ave.
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty under for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Within the period above required, except in the case of the births and deaths of the Institutions named, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th 97370
1. Sex, (state whether male or female)	M.
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	Oct 3. 1887.
4. Place of Birth, (Street and Number)	882 Pine St,
5. Full Name of Mother,	Annie Ashley,
6. Mother's Maiden Name,	Adams,
7. Mother's Birthplace,	Balto Co,
8. Full Name of Father,	Thos. V. Ashley,
9. Father's Occupation,	Engineer,
10. Father's Birthplace,	Balto. Co,
Name of Medical Attendant, or other Person who makes this Return	J. F. Ingle M.D.
Address,	1007 W. Lanvale
Remarks,	

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97.311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Octo. 3. 1887.

4. Place of Birth (Street and Number), 1105 N. Mount

5. Full Name of Mother, Mary C. Swann

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Balto. City

8. Full Name of Father, James M. Swann

9. Father's Occupation, Can Maker

Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 3 — 1887.
4. Place of Birth (Street and Number),	1636 Clarkson st.
5. Full Name of Mother,	Minnie Ludwitzke
6. Mother's Maiden Name,	Dreher.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Frank Ludwitzke.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty and shall for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97.173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st -
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 3 1897
4. Place of Birth (Street and Number),	514 Argyle st.
5. Full Name of Mother,	Mary Feldman
6. Mother's Maiden Name,	" Lederberg
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Louis Feldman
9. Father's Occupation,	Painter
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	J. Auth M.D.
Address,	403 N. Exeter st.
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH. 97374.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 3. /87

4. Place of Birth, (Street and Number) 711 William St.

5. Full Name of Mother, Mary Ryan

6. Mother's Maiden Name, Flynn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Martin Ryan

9. Father's Occupation, Police

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Scarbrough

Address, 15 E. Montgomery St.

Remarks.

OCT 4 1887

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RETURN OF A BIRTH 97395.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Oct 2/87
4. *Place of Birth (Street and Number),* 26 Hanover St
5. *Full Name of Mother,* Martha Parker
6. *Mother's Maiden Name,* Martha Johnson
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Wm Johnson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return. Jane Howland

Address,

Remarks,

g Co., City Printers and Stationers.

RETURN OF A BIRTH. 97376.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex (state whether Male ~~or Female~~) _____
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 3 1897
4. Place of Birth (Street and Number) 504 Moores Alley
5. Full Name of Mother Mary Clark
6. Mother's Maiden Name May Jackson
7. Mother's Birthplace Md.
8. Full Name of Father John Clark
9. Father's Occupation Waiter
10. Father's Birthplace Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Zingling M.D.

Address 612 N Eutaw St Balto

Remarks _____

RETURN OF A BIRTH 97377.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. ~~Sex,~~ (state ~~whether male or female~~)

2. Race or color, (if ~~not of the white race~~)

3. Date of Birth, Octo. 3rd 1887

4. Place of Birth, (Street and Number) 1755 Jefferson st

5. Full Name of Mother, Jennie Montfalcone

6. Mother's Maiden Name, " Montfalcone,

7. Mother's Birthplace, Italia

8. Full Name of Father, Joseph Canale Montfalcone

9. Father's Occupation, Carpenter

10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return. S. Ridgway Andrè M. D.

Address, 1126 E Balto St

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97378.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	~~Female~~ Male
Race or Color, (if not of the white race)	White
Date of Birth,	Oct. 3 1887
Place of Birth, (Street and Number)	104 N. Strick
Full Name of Mother,	Mary Joyce
Mother's Maiden Name,	" Gunnell
Mother's Birthplace,	Balto
Full Name of Father,	William Joyce
Father's Occupation,	Furniture Packer
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Frank G. Unger M.D.
Address,	4 S. Eutaw St.
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99379.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Jewish
3. *Date of Birth,* 3 October
4. *Place of Birth (Street and Number),* 532 East St.
5. *Full Name of Mother,* Rachel Micheals
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Micheal Micheals
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address 302 Holland St Balto

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97380.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (~~state whether~~ male or ~~female~~)*
2. *Race or color, (~~if not of the white race~~)*
3. *Date of Birth,* Octo. 3d 1887
4. *Place of Birth, (Street and Number)* 422 East st
5. *Full Name of Mother,* Ella Kaulbaugh
6. *Mother's Maiden Name,* Ella Riley
7. *Mother's Birthplace,* S Carolina
8. *Full Name of Father,* George W Kaulbaugh
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other person who makes this Return. J. Ridway Gintre M.D

Address, 1123 E Balto st

Remarks,

CITY REGISTERS AND STATIONERS.

RETURN OF A BIRTH.

97381.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Oct 3rd
4. *Place of Birth (Street and Number)*	507 Cross
5. *Full Name of Mother*	Carrie Scales
6. *Mother's Maiden Name*	" Carrie Scales
7. *Mother's Birthplace*	Calvert Co Md
8. *Full Name of Father*	Paul Dorsey
9. *Father's Occupation*	"
10. *Father's Birthplace*	"
Name of Medical Attendant, or other Person who makes this return	Catherine Dorsey
Address	507 Cross st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97,382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First = Twins
1. Sex (state whether male or female),	1 Female 1 Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 3rd 1887
4. Place of Birth (Street and Number),	405 S Sharp St
5. Full Name of Mother,	Alberta Hubbard
6. Mother's Maiden Name,	Alberta Butler
7. Mother's Birthplace,	Sussex Co. Delaware
8. Full Name of Father,	Marion S. Hubbard
9. Father's Occupation,	Salesman
10. Father's Birthplace,	St Michaels Talbot Co Md.
Name of Medical Attendant, or other person who makes this Return.	Chas Dudor Hunter
Address,	23, N° Payneton St
Remarks,	

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97383.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 4th 1897

4. Place of Birth, (Street and Number) 1229 N. Spring st.

5. Full Name of Mother, Bertha Nixon

6. Mother's Maiden Name, " Langguth

7. Mother's Birthplace, Germany

8. Full Name of Father, James Nixon

9. Father's Occupation, Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Edwin B. Fenby, M.D.

Address, 1201 N. Eden st.

Remarks,

For each outside to be [illegible]

[illegible], City Printers and Stationers.

RETURN OF A BIRTH 97384.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	colored
3. Date of Birth,	octoba th 4 1887
4. Place of Birth, (Street and Number)	caine st No 880
5. Full Name of Mother,	Mallie Dorsey
6. Mother's Maiden Name,	Mallie hart
7. Mother's Birthplace,	Harford county
8. Full Name of Father,	frank Dorsey
9. Father's Occupation,	labor
Father's Birthplace,	Baltimore M D
Name of Medical Attendant, or other Person who makes this Return.	charlotty proctor mid wife
Address,	No 1113 carlton st
Remarks,	

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH 77385.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	October 4 87
Place of Birth, (Street and Number)	19 Hulls Court
Full Name of Mother,	Sarah Schneider
Mother's Maiden Name,	Sarah Greenberg
Mother's Birthplace,	Russia
Full Name of Father,	Harris Schneider
Father's Occupation,	Tailor
Father's Birthplace,	Russia
Name of Medical Attendant, or other Person who makes this Return	Bruce G. Mayer M.D.
Address,	4 S. Exeter St.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) First (1st)

1. Sex (state whether male or ~~female~~), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, October 4, 1887
4. Place of Birth (Street and Number), No. 1627 Orleans St. Cor. Bethel
5. Full Name of Mother, Mrs. Martha Margaret Grottendieck
6. Mother's Maiden Name, Miss Martha Margaret Koenig
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. William Joseph Grottendieck
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. H. C. Tendunen, M.D.

Address, No. 418 N. Broadway

Remarks, Nurse, Mrs. Jose Hozea, Orleans St. near Bond

Co., City Printers and Stationers.

RETURN OF A BIRTH 97387.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

August Wachsmuth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 4 1887.
4. Place of Birth (Street and Number),	926 Charles st.
5. Full Name of Mother,	Anna Wachsmuth.
6. Mother's Maiden Name,	Pfeil. Pfeil.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Charles Wachsmuth
9. Father's Occupation,	Tinner
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return	J. Lohwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	GIVEN NAME ADDED. 3-6-53 4.m.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 97388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether ~~male or~~ female)

2. Race or color, (if not of the white race) White

3. Date of Birth, October 4th 1847

4. Place of Birth, (Street and Number) No. Eldery St No 2150

5. Full Name of Mother, Margaretha Schildwächter

6. Mother's Maiden Name, Margaretha Töckel

7. Mother's Birthplace, Grünberg Hessen Germany

8. Full Name of Father, Henry Schildwächter

9. Father's Occupation, Butcher

10. Father's Birthplace, Grünberg Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97389.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 4th 1887

4. Place of Birth, (Street and Number) 361 William st

5. Full Name of Mother, Mary E Mealeens

6. Mother's Maiden Name, Mary E Conlon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Mealeens

9. Father's Occupation, Police Officer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Catherine Flannery

Address, No 1517 Byrd st

Remarks,

City Printers and Stationers

RETURN OF A BIRTH. 97390.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether ~~male or~~ female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth October 4th 1887

4. Place of Birth, (Street and Number) new # 17 S Caroline St

5. Full Name of Mother, Harriet A Finlayson

6. Mother's Maiden Name, a a Swann

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Samuel A Finlayson

9. Father's Occupation, Steward on Ship

Father's Birthplace, Nassau

Name of Medical Attendant, or other Person who makes this Return. H E Hooke M.D.

Address, 1519 E Baltimore St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of not more than ... for each offence to be recovered as other fines and forfeitures are recoverable.

... & Co., City Printers and Stationers.

RETURN OF A BIRTH 91391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, October 4th 91

4. Place of Birth, (Street and Number) 1533 E Pratt St

5. Full Name of Mother, Sallie Madden

6. Mother's Maiden Name, Sallie Ford

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm J Madden

9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Goetze

Address, No 114 S Bond St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the like penalty as is provided in Section 23. Each offense to be prosecuted as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 97392.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Dec 4th 1892

4. Place of Birth (Street and Number), 602 Shaw St

5. Full Name of Mother, Emma Schumann

6. Mother's Maiden Name, Hall

7. Mother's Birthplace, Md

8. Full Name of Father, Wm L Schumann

9. Father's Occupation, Cig Packer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return Thomas Capt USN

Address, 518 Harvard St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH. 9/3903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct. 4th 1887
4. *Place of Birth (Street and Number)* Little Lynn Gunney st. 502
5. *Full Name of Mother* Mary Brooke
6. *Mother's Maiden Name* Brooke
7. *Mother's Birthplace* Calvert County Md
8. *Full Name of Father* Bassil Brooke
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Calvert County Md

Name of Medical Attendant, or other Person who makes this Return. Fannie Granby

Address

Remarks

RETURN OF A BIRTH 9/39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, October 4th 1887

4. Place of Birth (Street and Number), (Old) No 5 Rose St

5. Full Name of Mother, Sarah Williams

6. Mother's Maiden Name, " Wheatley

7. Mother's Birthplace, Virginia

8. Full Name of Father, William Williams

9. Father's Occupation, Foreclosure

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks, "

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shlag Co., City Printers and Stationers.

RETURN OF A BIRTH, 97396.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 4th 1887
4. *Place of Birth, (Street and Number)* 115 N. Stricker St
5. *Full Name of Mother* Celia V. Thickfield
6. *Mother's Maiden Name* Alice V Thrasher
7. *Mother's Birthplace* West Virginia - Maryland
8. *Full Name of Father* Rev. Lewis A. Thickfield
9. *Father's Occupation* Minister of the Gospel
10. *Father's Birthplace* Baltimore - Maryland

Name of Medical Attendant, or other Person who makes this Return. W. R. McCann

Address 1401 Lindan Ave

Remarks

RETURN OF A BIRTH 97.396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 5 October 1887
4. Place of Birth (Street and Number),	No 2216 Frederick ave
5. Full Name of Mother,	Mrs. Amelia Loos
6. Mother's Maiden Name,	Miss " Cook
7. Mother's Birthplace,	Born X White Ground
8. Full Name of Father,	Mr John Loos
9. Father's Occupation,	Beer Driver
Father's Birthplace,	Born White Ground
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	2127 west Pratt
Remarks.	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of forfeiting dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 97397

97397

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Oct. 5th 87
4. *Place of Birth, (Street and Number)*	N.E. Cor. Jas & Eden sts
5. *Full Name of Mother*	Margaret A. Sherman
6. *Mother's Maiden Name*	" " Cox
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John A. Sherman
9. *Father's Occupation*	Diver
Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Sarah Barranger
Address	1133 Hanford Ave.
Remarks	

OCT 8 1887

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

97398.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
Sex, (state whether male or female)	female
2. *Race or Color, (if not of the white race)*	black
3. *Date of Birth,*	Oct 5th
4. *Place of Birth, (Street and Number)*	625 Sarah ann st
5. *Full Name of Mother,*	Sarah
6. *Mother's Maiden Name,*	Sarah Cox
7. *Mother's Birthplace,*	West Virginia
8. *Full Name of Father,*	George
9. *Father's Occupation,*	a Cook
Father's Birthplace,	British ~~Guiana~~ Guiana
Name of Medical Attendant, or other Person who makes this Return	Lydia Somerville
Address,	616 E Clinton ave
Remarks,	

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97.299.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 5 — 1887.
4. Place of Birth (Street and Number),	1232 Johnson st
5. Full Name of Mother,	Lizzie Wahl
6. Mother's Maiden Name,	Stang
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Conrad Wahl.
9. Father's Occupation,	Drey man
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasse. Aldwife
Address,	1032 Hanover st.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 97100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 12 '87 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child.

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, October 5

4. Place of Birth (Street and Number), 814 Bond St

5. Full Name of Mother, Annie Suffuk

6. Mother's Maiden Name, Annie Kuzalmann

7. Mother's Birthplace, Germanney

8. Full Name of Father, George Suffuke

9. Father's Occupation, Boarding House

10. Father's Birthplace, Creek

Name of Medical Attendant, or other person who makes this Return. Mary Prell

Address, Bond St 830

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

William . Leon Parsons

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	1st,
Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Sept-4-1897
4. Place of Birth, (Street and Number)	529 N. Barnes
5. Full Name of Mother,	Lenora Parsons
6. Mother's Maiden Name,	Others
7. Mother's Birthplace,	" N.J.
8. Full Name of Father,	William Parsons
9. Father's Occupation,	Stone-dyer
Father's Birthplace,	Mass
Name of Medical Attendant, or other person who makes this Return.	Dr E Lacey & Barclay Md
Address,	1081 N. Calvert St
Remarks,	GIVEN NAME ADDED. 5-27-52

any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as debts ... fines and forfeitures are recoverable.

... & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 607 Hanbury alley
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Sarah Swann
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Lucinda MacGarck

Address, 432 Regester St

Remarks,

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report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any physician or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A. Hoen & Co., City Printers and Stationers.

RETURN OF A BIRTH 97403.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 5 1887
4. Place of Birth (Street and Number),	1764 Eden
5. Full Name of Mother,	Ella Turner
6. Mother's Maiden Name,	A Melvin
7. Mother's Birthplace,	Balt
8. Full Name of Father,	John Turner
9. Father's Occupation,	Carpenter
Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	D. Hunt MD
Address,	403 N Eden
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to the like penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First (97404)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 5th 1880
4. Place of Birth, (Street and Number) 1418 Battery Avenue
5. Full Name of Mother, Mary E. McLaughlin
6. Mother's Maiden Name, " " Mearnin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry A. McLaughlin
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Baltimore, Md
11. Name of Medical Attendant, or other Person who makes this Return. John Morris M D
12. Address, No 118 E. Franklin St
13. Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like penalty
for each offence to be recovered as other fines and forfeitures are recovered.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 97 1105.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 6 — 1887.
4. Place of Birth (Street and Number),	1217 Clarett Alley
5. Full Name of Mother,	Minnie Birx
6. Mother's Maiden Name,	Wagner
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Christian Birx
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty for each offence, to be recovered as other fines and forfeitures are recovered.

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RETURN OF A BIRTH 9406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 6 1887
4. Place of Birth (Street and Number),	#204 N. Appleton
5. Full Name of Mother,	Viana A. Thomas
6. Mother's Maiden Name,	Viana A. Long
7. Mother's Birthplace,	Littlestown Adams Co. Pa.
8. Full Name of Father,	Samuel D. R Thomas
9. Father's Occupation,	Dairy & Milk Route
10. Father's Birthplace,	Brookbury Frederick County Md.
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Payne Ston St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 97407
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	oct 6
4. *Place of Birth, (Street and Number)*	603 Chestnut Al Balto
5. *Full Name of Mother,*	Ella Freland
6. *Mother's Maiden Name,*	Ella Tucker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Freland
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Mary Thompson
Address,	655 S Josephine st Balto
Remarks,	

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Oct 6th
4. Place of Birth (Street and Number),	107 Saratoga Street
5. Full Name of Mother,	Mary Branson
6. Mother's Maiden Name,	Pattison
7. Mother's Birthplace,	St Marys county
8. Full Name of Father,	George H Branson
9. Father's Occupation,	Waiter
10. Father's Birthplace,	St Marys county
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson Street
Remarks,	

the Commissioner of Health, in the manner and within the periods named in the [illegible], and who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, October 6th 1887
4. Place of Birth, (Street and Number) S. High St. No 209
5. Full Name of Mother, Lottie Becker
6. Mother's Maiden Name, Lottie Oranzman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Julius Becker
9. Father's Occupation, Box maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary C. Müller

Address, N. Dallas St No 114

Remarks,

any such person or persons who shall neglect and/or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97410.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 6th 189

4. Place of Birth, (Street and Number) 155 E Baltimore Str

5. Full Name of Mother, Annie Holland

6. Mother's Maiden Name, Annie Schwartz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas Holland

9. Father's Occupation, Confectioner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louis Goethe

Address, New No 114 S Bond St

Remarks

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

9 7 4 11

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.)	First
Child male or female)	Female
(if not of the white race)	White
	First October
(Street and Number)	Baltimore No 118 S Bond Town
Mother	Kate Buckley
Maiden Name	Kate Fitzgerald
Birthplace	Virginia
Father	John Buckley
Occupation	Saloon Keeper
Birthplace	Ireland
Medical Attendant, or other Person who makes this Return.	Mrs Ruth A Coldhouse No 1142 West Pratt st

RETURN OF A BIRTH 97412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Dr

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Oct 1st

4. Place of Birth, (Street and Number) 1024 Clifton Place

5. Full Name of Mother, Mrs. Alice Metcalf

6. Mother's Maiden Name, " Berry

7. Mother's Birthplace, Va.

8. Full Name of Father, Chas. Metcalf

9. Father's Occupation, Engineer

10. Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return. H. H. Hill M D

Address, 1001 Edmondson Ave

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9 / 2 13.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female), Male.

2. Race or Color (if not of the white race),

3. Date of Birth, October 1st 1887.

4. Place of Birth (Street and Number), No 149 S. Charles St.

5. Full Name of Mother, Kate. Harrington.

6. Mother's Maiden Name, " . Otto.

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Thomas James Harrington.

9. Father's Occupation, Store Keeper.

Father's Birthplace, Dorchester Co. Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Mrs Ettie Droward

Address, No 1440 Hull St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9/7/19

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	October 2/ 19
4. Place of Birth (Street and Number),	No 601 Bradford Rly
5. Full Name of Mother,	Barbara Driver
6. Mother's Maiden Name,	Braun
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Louis Driver
9. Father's Occupation,	Laborer
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

The Commissioner of Health, to whom the return of any birth is required to be made, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97415.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	October 4/87
4. Place of Birth (Street and Number),	№ 319 Collington Ave
5. Full Name of Mother,	Christine Blum
6. Mother's Maiden Name,	Meier
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Friedrick Blum
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	№ 405 S. Washington St.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(9746)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Oct. 3, 1887
4. Place of Birth (Street and Number),	3027 Mitchell St.
5. Full Name of Mother,	Bertha Brown
6. Mother's Maiden Name,	Bertha Adams
7. Mother's Birthplace,	Penn Township
8. Full Name of Father,	John Brown
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sawyer
Address,	724 Fayette St.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, October 5th 1887.

4. Place of Birth (Street and Number), No 1454 Garrett Ave.

5. Full Name of Mother, Lilley May Dicus.

6. Mother's Maiden Name, " " Green.

7. Mother's Birthplace, Anne Arundle Co. Md.

8. Full Name of Father, William Henry Dicus.

9. Father's Occupation, Labourer.

10. Father's Birthplace, Anne Arundle Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Ettie Downward

Address, No 1440 Hull St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not more than ten dollars for each offence, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	October 5/87
4. Place of Birth (Street and Number),	No 238 S. Chappel St.
5. Full Name of Mother,	Kate Kook
6. Mother's Maiden Name,	George
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Konrad Kook
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

Mother, Immediately after the birth of any child, to make a return thereof to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

9-7419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately hereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	October 5/97
4. Place of Birth (Street and Number),	No 307 S. Exeter St
5. Full Name of Mother,	Christine Thshway
6. Mother's Maiden Name,	Lee
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Louis Thshway
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

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RETURN OF A BIRTH 97120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Oct 5th 1897.

4. Place of Birth (Street and Number), 624 N Bond St.

5. Full Name of Mother, Francis Harris.

6. Mother's Maiden Name, " Grey.

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Harris

9. Father's Occupation, Lithographer

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. J. E. Heard, M. D.

Address, 1610 E. Monument St.

Remarks,

Immediately thereafter it shall become the duty of the person required to make the report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

97421

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	October 6/87
4. Place of Birth (Street and Number),	No 103 S. High St.
5. Full Name of Mother,	Kate Jenkins
6. Mother's Maiden Name,	Kief
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Jenkins
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th. 97422
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	Oct. 26 1887
4. *Place of Birth (Street and Number),*	2532 Canton Ave.
5. *Full Name of Mother,*	Emma Herbel
6. *Mother's Maiden Name,*	Emma Purdon
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George Herbel
9. *Father's Occupation,*	Police Officer.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Lanagan
Address,	724 Eigerd St.
Remarks,	

Missing 97423 - 97434,
incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	colored
3. Date of Birth,	Thursday Oct 6 1887
4. Place of Birth, (Street and Number)	8 & 9 Stockholm st
5. Full Name of Mother,	anne Emily Lewis
6. Mother's Maiden Name,	anne Emily Butler
7. Mother's Birthplace,	Fredericksburg Va
8. Full Name of Father,	James H Lewis
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Lewis Hills
Address,	8 & 9 Stockholm st
Remarks,	

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, And any such person of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A B[illegible]TH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether*~~ *1st, ~~2d, 3d,~~ &c.*)

1. *Sex,* (~~*state whether*~~ *male ~~or female~~*)
2. *Race or Color,* (~~*if not of the*~~ *white ~~race~~*)
3. *Date of Birth.* Oct 6 1887
4. *Place of Birth, (Street and Number)* 222 n Charles St Baltimore
5. *Full Name of Mother,* Mrs Caroline Matilda Kraus
6. *Mother's Maiden Name,* Caroline Matilda Buntschu
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Michael Kraus
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. F. Leonard MD.

Address, 313 N. Charles St

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of [illegible] he in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, report its birth to the Commissioner of Health, in the manner and within the period above required, and any such or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) for each offence to be re[illegible] as other fines and forfeitures are recoverable.

[illegible]y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child 3rd Birth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Friday Oct. 7th 1887
4. Place of Birth (Street and Number),	# 217 Parkin St
5. Full Name of Mother,	Mary Augustan Shields
6. Mother's Maiden Name,	Mary Augustan Zimmerman
7. Mother's Birthplace,	Washington D.C
8. Full Name of Father,	John Thomas Shields
9. Father's Occupation,	Collector
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the [illegible] for it shall become the duty of the person or parents of such child to report its birth to the Commissioner of H[illegible] in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9-7-4-38.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* October 7/83
4. *Place of Birth (Street and Number),* No 613. S. Durham St.
5. *Full Name of Mother,* Mary Fritz
6. *Mother's Maiden Name,* Wedamska
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* Fricdrich Fritz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Oct 7th
4. *Place of Birth, (Street and Number)*	N. E. Clay and Kinmel
5. *Full Name of Mother,*	Catherine Minnick
6. *Mother's Maiden Name,*	" Derr
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Thomas Minnick
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Morgan
Address,	315 N Monument St
Remarks,	Child has Spina Bifid

OCT 13 1897

...ghy & Co., City Printers and Stationers.

RETURN OF A BIRTH 97440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 9th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, 7th of October 1887
4. Place of Birth (Street and Number), Buttery Ave 1229 Baltimore city
5. Full Name of Mother, Emily J Thomas
6. Mother's Maiden Name, Emily J Walker
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, ~~J~~ Robert Thomas
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Conaway

Address,

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 97 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 7th 1897

4. Place of Birth, (Street and Number) No 2. Richmond Alley

5. Full Name of Mother, Charlotta Young

6. Mother's Maiden Name, Charlotta Elliott

7. Mother's Birthplace, Trappe - Talbot Co.

8. Full Name of Father, George Washington Young

9. Father's Occupation, Laborer

10. Father's Birthplace, Trappe

Name of Medical Attendant, or other Person who makes this Return Mrs Banks

Address, 917 — Eutaw St

Remarks,

birth of any child shall occur without the attendance of a [illegible] to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child as report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of one (50) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9-4-2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 8th
4. Place of Birth (Street and Number), 109 Camden st
5. Full Name of Mother, Rose Kulowitz
6. Mother's Maiden Name, Rose Rudolph
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J A Kulowitz
9. Father's Occupation, Miller
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Heelyonda Clifton

Remarks, 529 Columbia ave

HEALTH DEPARTMENT OCT 14 1897 BALTIMORE

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 97443.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (~~state whether male or~~ female), female
2. Race or Color (if not of the white race), White.
3. Date of Birth, Oct 8th 1887.
4. Place of Birth (Street and Number), 1641 E. Monument St.
5. Full Name of Mother, Mary Fies.
6. Mother's Maiden Name, " Beirenstock
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frederich Fies.
9. Father's Occupation, Shoe fitter.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. J. E. Heard, M.D.

Address, 1610 E. Monument St.

Remarks, Forceps delivery.

The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, October 8th 1887
4. Place of Birth (Street and Number), (Old) No 15 Diamond Ct
5. Full Name of Mother, Sarah Hawkins
6. Mother's Maiden Name, " Young
7. Mother's Birthplace, Prince George Co. Md.
8. Full Name of Father, James Hawkins
9. Father's Occupation, Huckster
10. Father's Birthplace, Prince George Co, Md.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks,

the attendance of a physician or practitioner or midwifery, or should no such person be present, then the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 77145.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parent... the Commissioner of Health, in the manner and within the period above required,... who shall hereafter fail to comply with the provisions of this section shall be subject... for each offence, to... recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 1st October 1887.
4. *Place of Birth (Street and Number),* 215 Harkins st
5. *Full Name of Mother,* Elizabeth Dietrich
6. *Mother's Maiden Name,* Elizabeth Lange
7. *Mother's Birthplace,* 824 Jackson Court
8. *Full Name of Father,* John Dietrich
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* 824 Jackson. court

Name of Medical Attendant, or other person who makes this Return. Mrs Eisebach

Address, ...

Remarks, ...

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 9746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & Isador

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 2, 1882
4. Place of Birth (Street and Number), 821 E Pratt St
5. Full Name of Mother, Rachel Reuben
6. Mother's Maiden Name, Rachel Sacker
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Reuben
9. Father's Occupation, Watchmaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Bekerman

Address, Albemarle st N 103.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97447.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, Octo 5. 1887.
4. Place of Birth (Street and Number), 236 Salem St.
5. Full Name of Mother, Delilah Catherine Haynes
6. Mother's Maiden Name, Shipley
7. Mother's Birthplace, Parkton Md
8. Full Name of Father, M. L. Haynes
9. Father's Occupation, Car Driver
10. Father's Birthplace, Westminster, Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian. M.D

Address, 1821 Madison Ave

Remarks,

mother immediately thereafter it shall become the duty of the person or parents of such child to report in like manner to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not less than one dollar for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9.7.48

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, Fanny

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct. 6, 1887
4. Place of Birth (Street and Number), 202 Harrison St
5. Full Name of Mother, Ella Steinberg
6. Mother's Maiden Name, Ella Shritzky
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Steinberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Schermann

Address, Albemarle st N 103.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd "Twin"
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 6. 1887
4. *Place of Birth, (Street and Number)*	1821 Ballon St.
5. *Full Name of Mother,*	Bessie Hutchinson
6. *Mother's Maiden Name,*	Bessie Egerton
7. *Mother's Birthplace,*	Maryland,
8. *Full Name of Father,*	C. Beg. Hutchinson,
9. *Father's Occupation,*	Manufacturer,
10. *Father's Birthplace,*	Maryland,
Name of Medical Attendant, or other Person who makes this Return	J. W. Houck M.D.
Address,	1005 E. Baltimore St.
Remarks,	

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 97480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 6 1877

4. Place of Birth, (Street and Number) No 211 S. Fremont Ave

5. Full Name of Mother, Julia Hiedibrant

6. Mother's Maiden Name, Shoemaker

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas. Hiedibrant

9. Father's Occupation, Master Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. H. Lipscomb M.D.

Address, 455 W. Pratt St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

Over 97451.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Annie Eva Fehrer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 7 1887

4. Place of Birth, (Street and Number) 927 South Al Baltimore Md

5. Full Name of Mother, Elizabeth Fohr Fehrer

6. Mother's Maiden Name, Schuman

7. Mother's Birthplace, Germany

8. Full Name of Father, Stephen Fohr (Fehrer)

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto. Md

Remarks,

Report to be made to the Commissioner of Health, to the Registrar and Health Officer of the District in which the birth occurs, or to the Sanitary Police Officer of the District, within ten days after the birth, by the attending physician or midwife, or in their absence, by the father or mother of the child, or the householder, or the owner or agent of the premises where the birth occurs, or by the nurse in attendance, or by any person who has knowledge of the facts. Any person who shall fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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Thos Miller Co Mother

RETURN OF A BIRTH 97452.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, Samuel

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 1, 1887
4. *Place of Birth (Street and Number),* 1134 Little My & Eldery St
5. *Full Name of Mother,* Rita Cohen
6. *Mother's Maiden Name,* Rita Sabroada
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Cohen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st # 103.

Remarks,

The Commissioner of Health, in the manner and within the periods above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 of October 1887
4. *Place of Birth, (Street and Number)* Baltimore No 2024 Marshall St
5. *Full Name of Mother,* Sarah E Wentford
6. *Mother's Maiden Name,* Sarah E Morrison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Wentford
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address, 1821 Byrd Street Baltimore Md

Remarks, The child is doing well the Mother is suffering with Malaria.

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RETURN OF A BIRTH 9744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Octr. 8th 1887
4. Place of Birth (Street and Number), 1819 Brunt St.
5. Full Name of Mother, Julia Ann Horning
6. Mother's Maiden Name, Garrison
7. Mother's Birthplace, Annearundel Co. Md.
8. Full Name of Father, Joseph A. Horning
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1821 Madison Ave.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9/1855.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The eight (8).

1. *Sex (state whether male or female),* Male,
2. *Race or Color (if not of the white race),* white.
3. *Date of Birth,* 8 th October
4. *Place of Birth (Street and Number),* No. 538 Union St.
5. *Full Name of Mother,* Catharina Jug
6. *Mother's Maiden Name,* Catharina Schmeinsberger.
7. *Mother's Birthplace,* Langenselbold Kurhessen Germania
8. *Full Name of Father,* John Jug.
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Langenselbach Kurhessen germ.

Name of Medical Attendant, or other person who makes this Return. Mrs W. Waemmel Midwife

Address, 923 Pomona ave

Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

9 1 1 6.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 8th 1887
4. *Place of Birth (Street and Number)* 1309 W Mosher St
5. *Full Name of Mother* Jessie Zimmerman
6. *Mother's Maiden Name* Jessie Burch
7. *Mother's Birthplace* Washington City D.C.
8. *Full Name of Father* William H Zimmerman
9. *Father's Occupation* Printer
10. *Father's Birthplace* Illinois

Name of Medical Attendant, or other Person who makes this Return. J E Clagett MD

Address 108 S. Eutaw St City.

Remarks

Name of the mother of such child or children.

RETURN OF A BIRTH 9/1857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* October 8 th
4. *Place of Birth (Street and Number),* Balto no 337 Eastland st
5. *Full Name of Mother,* Jennie Potter
6. *Mother's Maiden Name,* Jennie Lord
7. *Mother's Birthplace,* Reading P. A.
8. *Full Name of Father,* George Potter
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* Clarke C. Va

Name of Medical Attendant, or other person who makes this Return. Charity Jones

Address, 101 Mulberry St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97458.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether male or female),* femal
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* ~~112 Central~~ ave Oktaber 8 the 1887
4. *Place of Birth (Street and Number),* 112 Central ave
5. *Full Name of Mother,* Margaret Richard
6. *Mother's Maiden Name,* M E Herpel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles H Richard
9. *Father's Occupation,* Trunkmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs W. Maennel Midwife

Address, 923 Penna ave

Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/4.59.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 8th 1859
4. Place of Birth (Street and Number), 423 Clayton St.
5. Full Name of Mother, Mary E Shanburg
6. Mother's Maiden Name, " " Pinkard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Shanburg
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thaddeus Cockey M.D.

Address, 516 Hanover St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, October 8th 1887
4. Place of Birth (Street and Number), 214 E Chase St
5. Full Name of Mother, Mary Williams
6. Mother's Maiden Name, Mary Gehring
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Williams
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Daniel X Williams

Address, 214 E Chase St

Remarks, Child born before Parents were married

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	9th of Oct 1887
4. Place of Birth (Street and Number),	No 1307 Hillcock St
5. Full Name of Mother,	Sarah Evans
6. Mother's Maiden Name,	Sarah Watkins
7. Mother's Birthplace,	Bal County
8. Full Name of Father,	Joseph Evans
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Bal County
Name of Medical Attendant, or other person who makes this Return.	Mrs C. Lauer
Address,	No 1059 Harford Ave
Remarks,	Bal Md 1888

the Commissioner of Health, in the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 97462.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Primipara
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Oct 8th 1867 12.30 A M
4. Place of Birth, (Street and Number)	826 Saratoga St
5. Full Name of Mother,	Kate Skane
6. Mother's Maiden Name,	Kate Dorsey
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Skane
9. Father's Occupation,	Letter Carrier (P.O.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A H Sutton M D
Address,	1136 Lexington St
Remarks,	Balto.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 99463.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	Oct. 8/05
4. Place of Birth, (Street and Number)	1320 E. Baltimore
5. Full Name of Mother,	Jessie C. Burkheimer
6. Mother's Maiden Name,	" " Ford
7. Mother's Birthplace,	London, Canada
8. Full Name of Father,	Thos. L. Burkheimer
9. Father's Occupation,	Photographer
10. Father's Birthplace,	London, Eng.
Name of Medical Attendant, or other Person who makes this Return.	D. L. Chambers
Address,	2266 E. Pr.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH, 9464.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	Oct 2 97
4. *Place of Birth, (Street and Number)*	615 Ramsey -
5. *Full Name of Mother*	Laura Bodwell
6. *Mother's Maiden Name*	" Nash. -
7. *Mother's Birthplace*	Ellicott City - Md
8. *Full Name of Father*	Jno L. Bodwell
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace*	Virginia -
Name of Medical Attendant, or other Person who makes this Return.	A Kenwath M.D.
Address	615 E Lombard
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Raymond Moorhead

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	8th October
4. *Place of Birth (Street and Number),*	235 S. Eden st
5. *Full Name of Mother,*	Jane Moorhead
6. *Mother's Maiden Name,*	Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas H. Moorhead
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Bashor
Address,	1016 E. Lombard st.
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) Dollars for each offence, to be re... and as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9466.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 9th
4. Place of Birth (Street and Number), 835 Columbia ave
5. Full Name of Mother, Kunigdek Kuckie
6. Mother's Maiden Name, Kunigdek Kantorg
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Kuckie
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. .....

Address, Stellyonda Sleffer

Remarks, 529 Columbia ave

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99967.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 12 1907 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Oct 1, 1907

4. *Place of Birth, (Street and Number)* 1716 Chapel St

5. *Full Name of Mother,* Annie Tyler

6. *Mother's Maiden Name,* Annie Wilkerson

7. *Mother's Birthplace,* Dixie Washington

8. *Full Name of Father* Phillip Tyler

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other Person who makes this Return. Lucinda Hospital

Address, 1132 Lancaster St

Remarks,

Every Birth in the County shall be reported within the time and in the manner and form prescribed above requires, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9,068.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or color, (~~if not of~~ the white race)
3. Date of Birth, Oct. 9th 1887.
4. Place of Birth, (Street and Number) 810 N Carotine st
5. Full Name of Mother, Ida E. Harris.
6. Mother's Maiden Name, " - " Sprantling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Harris.
9. Father's Occupation, Printer
10. Father's Birthplace, Md.
11. Name of Medical Attendant, or other person who makes this Return, J. Ridgway Hodge M.D.
12. Address, 121 E Biddle st
13. Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 97469.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, october 9 1887
4. Place of Birth, (Street and Number) 421 dallas street
5. Full Name of Mother, mary t swift
6. Mother's Maiden Name, mary t tric
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John a swift
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. mary conner

Address, 424 patterson park avenue

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child 97 470

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) colord child

3. Date of Birth, 9 of October

4. Place of Birth, (Street and Number) Baltimore Ty D durgham st 13

5. Full Name of Mother, Mary E Atherton morson

6. Mother's Maiden Name, Mary E Atherton Thayathers

7. Mother's Birthplace, Baltimore Ty D

8. Full Name of Father, William Mattuse

9. Father's Occupation, oyster shucker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Mondody

Address, 27 South Bethel st bet Lombard and

Remarks,

Reports are due to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 9th October
4. Place of Birth (Street and Number), 1277 Battery Ave
5. Full Name of Mother, Catharine Florence Busey
6. Mother's Maiden Name, Catharine Florence Funke.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William E Busey
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address,

Remarks,

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RETURN OF A BIRTH 9/1/92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Oct 9th 92

4. *Place of Birth, (Street and Number)* Rear No 108 S Bond St

5. *Full Name of Mother,* Annie Miller

6. *Mother's Maiden Name,* Annie Seybaugh

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Miller

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno Goltz

Address, Rear No 114 S Bond St.

Remarks,

Report the Birth to the Commissioner of Health, in the manner and within the period above required, and any such Person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense (to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 19 — 1887.
4. Place of Birth (Street and Number),	234 Cross st.
5. Full Name of Mother,	Mary Hartmann
6. Mother's Maiden Name,	Eiser.
7. Mother's Birthplace,	America.
8. Full Name of Father,	George Hartmann.
9. Father's Occupation,	Grain weigher.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwaaser. Midwife
Address,	1882 Hanover st.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9 9 0 7 4.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas E. Marshall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 10th of October 1887
4. Place of Birth (Street and Number), 2124 Bank St.
5. Full Name of Mother, Lavenia Marshall
6. Mother's Maiden Name, Lavenia ~~Marshall~~ Preston
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W. Marshall
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Henry A. Dorman

Address, 2119 Fenton Ave.

Remarks, GIVEN NAME ADDED 2-24-54

4-M

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97475.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 10 1897
4. Place of Birth, (Street and Number) 1912 S. Hanover st
5. Full Name of Mother, Mary Agnes Haslup
6. Mother's Maiden Name, Mary Agnes Rogers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frankland Haslup
9. Father's Occupation, Driver Coal Wagon
10. Father's Birthplace, Md Anne Arundle Co

Name of Medical Attendant, or other person who makes this Return.

Address, Rec'd Mail 1912 Hanover Johnson

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, october 10 1887
4. Place of Birth, (Street and Number) 333 ann. street
5. Full Name of Mother, Sarah e smith
6. Mother's Maiden Name, Sarah e foner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Smith
9. Father's Occupation, mariner
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other Person who makes this Return. mary conner 424
12. Address, patterson park avenue
13. Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 97477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Angie Beatrice Randall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) White female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 10 1887

4. Place of Birth, (Street and Number) Pleasanton 105

5. Full Name of Mother, Lina Randall

6. Mother's Maiden Name, Lina Publico

7. Mother's Birthplace, Cuba Matanzas Cuba

8. Full Name of Father, John Randall

9. Father's Occupation, Cigar

10. Father's Birthplace, Charlestown Mass

Name of Medical Attendant, or other Person who makes this Return. Dr. John Smith

Address, Aisquith street 115

Remarks, [illegible] TIME ADDED 8-18-52

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9478.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	October 10/87
4. Place of Birth (Street and Number),	No 604 S. Wolf St
5. Full Name of Mother,	Mary Lehmidt.
6. Mother's Maiden Name,	single
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jakob Algenfritz
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-9th 9/4/79.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 10 1879
4. Place of Birth, (Street and Number) Mulberry St 2nd door. North Side Entry 8 Amos St
5. Full Name of Mother, Mrs. Kate King
6. Mother's Maiden Name, Babb
7. Mother's Birthplace, Bilty
8. Full Name of Father, John E. King
9. Father's Occupation, Machinist
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. D F Wile M D

Address, 1501 E Monument

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 97480

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 10th 1887
4. Place of Birth, (Street and Number) 1212 Hartford Ave
5. Full Name of Mother, Maggie A. Allnisi
6. Mother's Maiden Name, " " Farrell
7. Mother's Birthplace, City
8. Full Name of Father, Thos. F. Allnisi
9. Father's Occupation, Bar Keeper
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Edwin B. Fenby M.D.

Address, 1201 N. Eden st.

Remarks, 7th month Child "

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the like penalties for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97481.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Oct 11 1887.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Balto Oct 10. 1887.
4. Place of Birth (Street and Number), 505 S. Washington St.
5. Full Name of Mother, Barbara Lang
6. Mother's Maiden Name, Barbara Fell
7. Mother's Birthplace, Germany.
8. Full Name of Father, Joseph Lang.
9. Father's Occupation, Box factory.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Arend

Address, 410 South Wolfe St.

Remarks, (illegible)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/1482.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* October 11/87
4. *Place of Birth (Street and Number)* No 415 S. Bondst.
5. *Full Name of Mother,* Johanna Birkemeyer
6. *Mother's Maiden Name,* Crauling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Birkemeyer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ding Co., City Printers and Stationers.

RETURN OF A BIRTH 97483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* [illegible]

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* 11 [illegible]

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* [illegible]

10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible], City Printers and Stationers.

RETURN OF A BIRTH 97484.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	is White Race
3. *Date of Birth,*	October 11th 2 Clock morning
4. *Place of Birth (Street and Number),*	Walnut alley 618
5. *Full Name of Mother,*	Mrs. Minnie Katie Frank
6. *Mother's Maiden Name,*	Miss Minnie Katie Bleinberger
7. *Mother's Birthplace,*	Walnut alley Baltimore city
8. *Full Name of Father,*	Chas. Joseph Frank.
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	harrisburg Pa
Name of Medical Attendant, or other person who makes this Return.	Mrs K. Maennel Midwife
Address,	943 Penna ave
Remarks,	

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97485.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Gottlob Siebert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, October 11, 1887
4. Place of Birth (Street and Number), German Street Nr 645.
5. Full Name of Mother, Siebert Fredricke
6. Mother's Maiden Name, geb: Diemar
7. Mother's Birthplace, Hanau (Provinz Hessen) Germany
8. Full Name of Father, Siebert William Adolph.
9. Father's Occupation, Bookbinder.
10. Father's Birthplace, Schwege a/M. (Provinz Hessen) Germany.
11. Name of Medical Attendant, or other person who makes this Return. Miss Maennel.
12. Address, William Siebert German Street Nr 645.
13. Remarks, GIVEN NAME ADDED. 6-5-12

... who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97486.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	this is the forth child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colerd
3. *Date of Birth,*	11 of October
4. *Place of Birth, (Street and Number)*	143 Lenelo Street
5. *Full Name of Mother,*	Jamey Marine
6. *Mother's Maiden Name,*	Jamey Ether
7. *Mother's Birthplace,*	Maderson Dorchester
8. *Full Name of Father,*	Josiah Marine
9. *Father's Occupation,*	Saber
10. *Father's Birthplace,*	Maderson Dorchester Co
Name of Medical Attendant, or other Person who makes this Return.	Miley groce
Address,	229 yark st
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 97487.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 12 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), Boy

2. Race or Color (if not of the white race), white

3. Date of Birth, October 11 87

4. Place of Birth (Street and Number), Andre St. 1417

5. Full Name of Mother, Rosa Sikys

6. Mother's Maiden Name, Ripka

7. Mother's Birthplace, Laitomischl Böhmen in Deutschland

8. Full Name of Father, Josef Sikys

9. Father's Occupation, Arbeiter

Father's Birthplace, Friedau Böhmen Österr.

Name of Medical Attendant, or other person who makes this Return. Johanne Jonske

Address, Garrett Ave 1362

Remarks, Locust Point

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97488.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6te Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Geboren den 11 October
4. Place of Birth (Street and Number),	1517 Eastern Av.
5. Full Name of Mother,	Louise Krummick
6. Mother's Maiden Name,	Louise Mueller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Krummick
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Kaufmann
Address,	517 S. Dallas St.
Remarks,	Hebamme

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Guide Co., City Printers and Stationers.

RETURN OF A BIRTH 97489.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 11, 1897

4. Place of Birth, (Street and Number) 521 Dallas St

5. Full Name of Mother, Ina Stewart

6. Mother's Maiden Name, Mary Miller

7. Mother's Birthplace, Unknown

8. Full Name of Father, Charles Stewart

9. Father's Occupation, Oyster Packer

10. Father's Birthplace, Unknown

Name of Medical Attendant, or other Person who makes this Return. Lucinda Warfield

Address, 432 Ryan St

Remarks,

HEALTH DEPARTMENT OCT 12 1897 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/1490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Geboren den 11ten October
4. Place of Birth (Street and Number),	No 1708 Longworster Str
5. Full Name of Mother,	Mary Schubert
6. Mother's Maiden Name,	Mary Stein
7. Mother's Birthplace,	Germania
8. Full Name of Father,	Paul Schubert
9. Father's Occupation,	Seeman
10. Father's Birthplace,	Germania
Name of Medical Attendant, or other person who makes this Return.	Friederike Kaufmann
Address,	517 S. Dallas Str
Remarks,	Hebamme

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stati[illegible]s.

RETURN OF A BIRTH 9491.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct. 1st 1887
4. Place of Birth, (Street and Number) 116 S. High st.
5. Full Name of Mother, Rebecca Goodman
6. Mother's Maiden Name.
7. Mother's Birthplace, Europe
8. Full Name of Father, Abram Goodman
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 82 S. Exeter st.

Remarks,

...ed to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97492.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2nd, etc.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Octr. 24 1892
4. Place of Birth, (Street and Number) 626 S. Sharp st-
5. Full Name of Mother, Lizas Barbara Cordline Widman
6. Mother's Maiden Name, Lizas Barbara Cardline Gross
7. Mother's Birthplace, Baltimore Co of Md
8. Full Name of Father, John Widman Jr
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address, 312 Hanover st- Jno McCorell Md

Remarks,

TERS AND STATIONERS

RETURN OF A BIRTH 9,495.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	3rd of October 1887
4. Place of Birth (Street and Number),	1239 South Eutaw street
5. Full Name of Mother,	Lydia Ann Fontz
6. Mother's Maiden Name,	Lydia Ann Kingdon
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	George Edward Fontz
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Range
Address,	711 Cross St,
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Kohn & Pollock, City Printers and Stationers.

RETURN OF A BIRTH 97494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (State whether male or female)	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 4th 1897
4. *Place of Birth, (Street and Number)*	829 Light St
5. *Full Name of Mother,*	Ellen Carter
6. *Mother's Maiden Name,*	Ellen Kopp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Carter
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs. E. Carter
Address,	213 Hanover St
Remarks,	Living well

jected to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97495.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 4th
4. Place of Birth (Street and Number),	1013 Maldeis st.
5. Full Name of Mother,	Fannie, May, Burkman.
6. Mother's Maiden Name,	" " Belt.
7. Mother's Birthplace,	Frederick, Md.
8. Full Name of Father,	John, Burkman.
9. Father's Occupation,	Tobacco Packer.
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Mahing Co., City Printers and Stationers.

RETURN OF A BIRTH 97496.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, 4th of oct
4. Place of Birth (Street and Number), Baltimore Washington ave 1133
5. Full Name of Mother, Emma Arther
6. Mother's Maiden Name, Emma Hamich
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. G. Arther
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH.

97497.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Oct 4th 1891
4. *Place of Birth* (Street and Number) Corner of Irvin & Mosher sts
5. *Full Name of Mother* Emma Walsh
6. *Mother's Maiden Name* " Gardner
7. *Mother's Birthplace* Balti City
8. *Full Name of Father* Jefferson A. Walsh
9. *Father's Occupation* Carpenter & Builder
10. *Father's Birthplace* Balti City

Name of Medical Attendant, or other Person who makes this Return. James F Kenny M D

Address 611 Park ave Balti

Remarks Natural -

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

~~9748.~~ 9748.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 11th 1887
4. *Place of Birth, (Street and Number)*	133 Aisquith St
5. *Full Name of Mother,*	Louisa Jay
6. *Mother's Maiden Name,*	Louisa Hall
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	Chas E Jay
9. *Father's Occupation,*	Electrician
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saml E Powell MD
Address,	*214 Aisquith St
Remarks,	

RETURN OF A BIRTH.

97499.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 11th 1897

4. Place of Birth (Street and Number) Calvert st near Hoffman

5. Full Name of Mother Elizabeth Thompson

6. Mother's Maiden Name " Mahool

7. Mother's Birthplace Baltimore Md

8. Full Name of Father H. Magruder Thompson

9. Father's Occupation Book-Keeper

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. James H Cleary M.D

Address 611 Park ave

Remarks Natural - 5 hours labor

RETURN OF A BIRTH 9/500.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 11th 1887
4. Place of Birth (Street and Number), 914 Ridgely St Balto. Md
5. Full Name of Mother, Elenisa Barber
6. Mother's Maiden Name, Elenisa Eberhardy
7. Mother's Birthplace, Graudenz West Prussia
8. Full Name of Father, John Lawrence Barber
9. Father's Occupation, ~~—~~ Ship Captain & Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm Bruce

Address, 711 Cross

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/501.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 11th 1887
4. *Place of Birth (Street and Number),* 522 E Pratt
5. *Full Name of Mother,* Dora Geiger
6. *Mother's Maiden Name,* " Chapman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm N Geiger
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cook M.D.

Address, 578 E Pratt St

Remarks,

11

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd 97502

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 12 th
4. Place of Birth, (Street and Number) 730 Franklin St
5. Full Name of Mother, Anna Mary Williamson
6. Mother's Maiden Name, Day
7. Mother's Birthplace, City
8. Full Name of Father, Andrew Williamson
9. Father's Occupation, Coach Smith
10. Father's Birthplace, City
11. Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M D
12. Address, 1401 Edmondson Ave
13. Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 9503.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 12 '87
4. Place of Birth (Street and Number),	151 E Randall St
5. Full Name of Mother,	Francis M. Rumstine
6. Mother's Maiden Name,	F. M. Jacobs
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm Rumstine
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	E. F. Phillips
Address,	735 E Lanvale St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 (9750 4.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 12 1887

4. Place of Birth, (Street and Number) 114 Hanover str

5. Full Name of Mother. Catherine Caroline Taylor

6. Mother's Maiden Name, Caroline Bass

7. Mother's Birthplace, Md Baltimore Co

8. Full Name of Father, Thomas Taylor

9. Father's Occupation, Laborer

10. Father's Birthplace, Md Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. Dr. John Milton

Address, 114 Hanover str

Remarks,

for each decease to be recovered as other fines are recovered.

..., City Printers and Stationers.

RETURN OF A BIRTH 97805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	Oct 12th 1887
4. *Place of Birth, (Street and Number)*	1603 Mulberry St
5. *Full Name of Mother,*	Louise McCahan
6. *Mother's Maiden Name,*	Louise Corcoran
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas M McCahan
9. *Father's Occupation,*	Legal Agt for B & O R R
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	B F Phillips
Address,	735 W Lombard St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

7506.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 12/84
4. Place of Birth (Street and Number),	1209 Edmondson Ave
5. Full Name of Mother,	Katie Charlotte Storm
6. Mother's Maiden Name,	Müller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm Storm
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs N. Maennel Midwife
Address,	923 Penna ave
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 te

Sex, (state whether male or female) Babe

2. Race or color, (if not of the white race) Witte

3. Date of Birth, 12 te October 1897

4. Place of Birth, (Street and Number) Pulaski Stet 189

5. Full Name of Mother, Karoline Baumgaus

6. Mother's Maiden Name, Kleine

7. Mother's Birthplace, Germanien

8. Full Name of Father, Konrat Baumgaus

9. Father's Occupation, Hotel Mann

10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return.

Address, Hot Steiste A Karoline Ehmer

Remarks,

Subjected to the fine of ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recovered, etc.

RETURN OF A BIRTH 97508.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	October 12th 1897
4. *Place of Birth (Street and Number),*	714 N. monument st
5. *Full Name of Mother,*	Bessie Lilly
6. *Mother's Maiden Name,*	Bessie Coxe
7. *Mother's Birthplace,*	Portsmouth Va
8. *Full Name of Father,*	Robert Lilly
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	New Castle Pa
Name of Medical Attendant, or other person who makes this Return.	Hester Clarence
Address,	509 Preston street
Remarks,	

For each Offence, to be recovered as other fines and forfeitures are recoverable.

Guide Co., City Printers and Stationers.

RETURN OF A BIRTH 97509.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct. 12th 1887.
4. Place of Birth, (Street and Number) 97 Eden st.
5. Full Name of Mother, Anna Sindell
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Elias Sindell
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 22 S. Exeter st.

Remarks,

RECORDS ARE PRIMA FACIE EVIDENCE AND CERTIFIED COPIES ARE RECOVERABLE.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 9510

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 12th 1887
4. Place of Birth, (Street and Number) 2039 Pitkin Ave
5. Full Name of Mother Laura V. Griffin
6. Mother's Maiden Name " Rawlings
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph F. Griffin
9. Father's Occupation Builder
10. Father's Birthplace Washington D C

Name of Medical Attendant, or other Person who makes this Return. W. R. McKaig

Address 1401 Linden Ave

Remarks

RETURN OF A BIRTH 9751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 12th 1858
4. Place of Birth (Street and Number),	614 Lee St
5. Full Name of Mother,	Lucy M Birkhead
6. Mother's Maiden Name,	" " Wheatley
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm R Birkhead
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Thos Lucas M.D.
Address,	578 Hanover St
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 9 7512

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, 12 Oct 1887
4. *Place of Birth*, (*Street and Number*) 16 E Pratt St Baltimore
5. *Full Name of Mother*, Mrs Capitola Price
6. *Mother's Maiden Name*, Capitola Moore
7. *Mother's Birthplace*, Martinsburg, W. Va.
8. *Full Name of Father*, John J Price
9. *Father's Occupation*, Machinist.
10. *Father's Birthplace*, Phila Penn

Name of Medical Attendant, or other Person who makes this Return. Wm F Leonard M.D.

Address, 313 N. Charles St.

Remarks,

For each offence to be recovered as other fines and forfeitures are recovered.

...o., City Printers and Stationers.

RETURN OF A BIRTH 9,513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	12th of October 1887
4. Place of Birth (Street and Number),	228 North Wolf street
5. Full Name of Mother,	Lizzie Paul
6. Mother's Maiden Name,	Lizzie Schmitt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samual Schmitt
9. Father's Occupation,	Brick layer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6te Child

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Geboren den 12te October
4. *Place of Birth (Street and Number),* 1436 Block Str
5. *Full Name of Mother,* Therese Gibbs
6. *Mother's Maiden Name,* Therese Anker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sehon Gibbs
9. *Father's Occupation,* Sober
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9515.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Norman B. Ruth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) ~~(maid)~~ Male

Race or Color, (if not of the white race) White

Date of Birth, Oct 13 1887

Place of Birth, (Street and Number) No 1424 ~~(Eutaw)~~ Fulton Ave

Full Name of Mother, Lydia Ruth ~~(Lidy Ruth)~~

Mother's Maiden Name, Lydia Rogerson ~~(Lidy Rogerson)~~

Mother's Birthplace, Wilmington, Dell. ~~(Kilmenton, Delaware)~~

Full Name of Father, Benjamin Ruth ~~(Benjamin Ruth)~~

Father's Occupation, Carpenter

Father's Birthplace, Queen Anns Co. ~~(Harford County)~~

Name of Medical Attendant, or other Person who makes this Return, Wm E Dooley

Address, 1635 Lillie Walsh Road

Remarks, CERTIFICATE CORRECTED 3-12-52 Wm

ER & STATIONER, BALT.

RETURN OF A BIRTH, 97516

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 13th 1887
4. Place of Birth, (Street and Number) 624 N. Fayette
5. Full Name of Mother Rosa Parrill
6. Mother's Maiden Name Rushtum
7. Mother's Birthplace Austria
8. Full Name of Father Hugo Parrill
9. Father's Occupation Salesman
10. Father's Birthplace Austria

Name of Medical Attendant, or other Person who makes this Return. Dr. D. McLaren

Address 1401 Linden Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Octr. 13th 1887

4. Place of Birth (Street and Number), North & Fulton Aves.

5. Full Name of Mother, Alexina Elizabeth Campbell

6. Mother's Maiden Name, Fiser

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Louis C. Campbell

9. Father's Occupation, Hay Dealer

10. Father's Birthplace, Georgetown D.C.

Name of Medical Attendant, or other person who makes this Return. J. H. Chrisman

Address, 1821

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

6-28-32

RETURN OF A BIRTH

9518.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura May

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Eaton
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 13th 1887
4. Place of Birth (Street and Number),	419 E. Lee St.
5. Full Name of Mother,	Alverda Eaton
6. Mother's Maiden Name,	" Burns
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jas. D. Eaton
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Theodore Parker M.D.
Address,	516 Monument St.
Remarks,	

Penalty of $100 and imprisonment for failures are recoverable.

ing Co., City Printers and Stationers

RETURN OF A BIRTH 97519.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, 13 oct. 1887
4. Place of Birth, (Street and Number) 711 (Corner Gough & Chester Sts.
5. Full Name of Mother, Mrs Mary E. Hornsby
6. Mother's Maiden Name, Mary E. Oliver
7. Mother's Birthplace, Va USA
8. Full Name of Father, Saml A. Hornsby
9. Father's Occupation, Mariner
10. Father's Birthplace, Va USA

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard MD.

Address, 713 N. Charles St

Remarks, Premature Birth - Between 6 & 7 months Gestation
Mother has Remittent Fever.

15

For each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 9520.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female,

2. Race or Color (if not of the white race),

3. Date of Birth, Oct. 10. 1887

4. Place of Birth (Street and Number), 232 S. Eutaw St.

5. Full Name of Mother, Mary Augusta Marshall Richardson

6. Mother's Maiden Name, Mary Augusta Marshall

7. Mother's Birthplace, Dorchester Co. Md.

8. Full Name of Father, Charles Edward Savage Richardson

9. Father's Occupation, Ship-Carpenter

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. C. Glanville, Lock Box.

Address, 2000 E. Balt. St.

Remarks, Protracted labor, delivered with Tarnier's forceps.

For each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 9 1521

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, 13 Oct 1887
4. Place of Birth, (Street and Number) 1422 Hull St Baltimore
5. Full Name of Mother, Mrs Jennie Moore
6. Mother's Maiden Name, Jennie Moore
7. Mother's Birthplace, Martinsburg W Va
8. Full Name of Father, Geo Moore
9. Father's Occupation, Lighterage Business
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other Person who makes this Return. J F Leonard MD

Address, 313 N Charles St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 97522.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* Oct 13, 97.

4. *Place of Birth, (Street and Number)* 385 York st. (Old No.)

5. *Full Name of Mother,* Nellie Bluhm

6. *Mother's Maiden Name,* " Campbell

7. *Mother's Birthplace,* Va. Va.

8. *Full Name of Father,* Thomas A. Bluhm

9. *Father's Occupation,* Lawyer

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Barton Evans

Address, 1815 N. Charles st.

Remarks,

TER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 9,533

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 13, 1897

4. Place of Birth, (Street and Number) 196 Belgium St

5. Full Name of Mother, Laura C. Shue

6. Mother's Maiden Name, " " Smith

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Andrew J. Shue

9. Father's Occupation, Fish & Shue Dealer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Dr. H. Bruce Hill

Address, 616 Hanover St

Remarks, Col

Any Person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... AND STATIONERS.

RETURN OF A BIRTH.

97524

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13 th of October 1887
4. Place of Birth (Street and Number)	1617 Abbott Ste.
5. Full Name of Mother	Anna Pazourek
6. Mother's Maiden Name	" Tolek
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Peter Pazourek
9. Father's Occupation	Laborer on R.R. track
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Kati Pazourek
Address	1641 Abbott St
Remarks	Born Live

RETURN OF A BIRTH 97525.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 8th Oct. 1887
4. *Place of Birth (Street and Number),* 36 Hill
5. *Full Name of Mother,* Emma Rice
6. *Mother's Maiden Name,* Connelly
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Charles E. Rice
9. *Father's Occupation,* Wood & Plush Worker
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Hy Whitehead

Address, 106 Bank

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 97526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 9/97
4. Place of Birth, (Street and Number)	510 S Fremont Ave
5. Full Name of Mother,	Veronica Daniel
6. Mother's Maiden Name,	Veronica Wartheyer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Daniel Daniel
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald MD
Address,	310 N Eutaw
Remarks,	

HEALTH DEPARTMENT BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

97527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October 9th 1887

4. *Place of Birth, (Street and Number)* 1316 Bank

5. *Full Name of Mother,* Mary Crawford

6. *Mother's Maiden Name,* Lucas

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* James H. Crawford

9. *Father's Occupation,* Police Officer

10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. D. Gaby M.D.

Address, 111 S. Broadway

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 7528.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored race

3. *Date of Birth,* Oct 10. 1887

4. *Place of Birth, (Street and Number)* Baltimore Corner alley 321

5. *Full Name of Mother,* Emma Cook.

6. *Mother's Maiden Name,* ~~Tyler~~ ~~Emma~~ Emma Smith

7. *Mother's Birthplace,* Montgomery Co.

8. *Full Name of Father,* Reanna Cook

9. *Father's Occupation,* Coachman.

10. *Father's Birthplace,* Howard Co.

Name of Medical Attendant, or other Person who makes this Return. Ivey Bowish

Address, 905 Jordain alley.

Remarks,

for each duplicate to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 97529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Oct 12th 1897
4. Place of Birth, (Street and Number) # 10 Hamilton St
5. Full Name of Mother, Sophia Young
6. Mother's Maiden Name, "
7. Mother's Birthplace, North East Md
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Jane H Carter

Address, 10 Hamilton St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 97.530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) Colored

3. Date of Birth. Oct 2nd 1887

4. Place of Birth, (Street and Number) 420 E Hamilton St

5. Full Name of Mother, Nancy Stuart

6. Mother's Maiden Name, ~~N~~ /

7. Mother's Birthplace, Westmoreland Va

8. Full Name of Father, Joseph Thacker

9. Father's Occupation, Waiter

10. Father's Birthplace, Charles Co Md

Name of Medical Attendant, or other person who makes this Return. Jane Lacata

Address, 10 Hamilton St

Remarks,

...TERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(97331)

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Oct 12 1887
5. Place of Birth, (Street and Number) 1626 W Fayette
6. Full Name of Mother, Agnes Keller
7. Mother's Maiden Name, Agnes Moran
8. Mother's Birthplace, Balto
9. Full Name of Father, Charles Keller
10. Father's Occupation, Surveyor
11. Father's Birthplace, Balto.
12. Name of Medical Attendant, or other Person who makes this Return. Thomas Opie
13. Address, 100 N. Howard St
14. Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

97532

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. *Sex (state whether male or female)* male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 13.
4. *Place of Birth (Street and Number)* Holland st 1227.
5. *Full Name of Mother* Mary E. Taylor.
6. *Mother's Maiden Name* Mary E. Baynes.
7. *Mother's Birthplace* Baltimore County.
8. *Full Name of Father* John H. Taylor.
9. *Father's Occupation* Soap Manufacture.
10. *Father's Birthplace* Annapolis.

Name of Medical Attendant, or other Person who makes this Return. Chas Guy.

Address 208 N Bond St.

Remarks

RETURN OF A BIRTH 97533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 13/87
4. Place of Birth, (Street and Number)	929 Mulberry
5. Full Name of Mother,	Carrie [redacted] Justice
6. Mother's Maiden Name,	Carrie Parlett
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Edward Justice
9. Father's Occupation,	Expressman
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie MD
Address,	600 N. Howard St
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH.

97534

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colord

3. Date of Birth Oct 13 1887

4. Place of Birth (Street and Number) 1312 Rutter St Balto md

5. Full Name of Mother Emily E ~~Jo~~ Higg

6. Mother's Maiden Name Emily E ford

7. Mother's Birthplace Algille County maryland

8. Full Name of Father John Willm Higg

9. Father's Occupation Porter

10. Father's Birthplace Prince Georges Co maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm B Sellman

Address No 1 E Biddle St Baltimore md

Remarks

Mrs Sophie Johnson
434 St Paul St

RETURN OF A BIRTH 97536

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Oct 13th 1897
Place of Birth, (Street and Number)	104 Pinkney Place
Full Name of Mother,	Mary Jones Zimmerman
Mother's Maiden Name,	M
Mother's Birthplace,	Md
Full Name of Father,	John Jones
Father's Occupation,	Railroad Engineer
Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return	Geo Miller MD
Address,	1207 E Monument St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth 97536
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 14 87
4. Place of Birth, (Street and Number)	407 N Eutaw Street
5. Full Name of Mother,	Henrietta Plant
6. Mother's Maiden Name,	Henrietta Schneberger
7. Mother's Birthplace,	New York
8. Full Name of Father,	Meyer Plant
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M.D.
Address,	310 N Eutaw St
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH 91537.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Six
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	14 October 1887
4. Place of Birth, (Street and Number)	No 2025 East Chase St
5. Full Name of Mother,	Emma J Crawford
6. Mother's Maiden Name,	Emma J Seward
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	William J Crawford
9. Father's Occupation,	Brick layer
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Ghisco
Address,	Mc celday St Interest
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 97538.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th of October 1887
4. Place of Birth (Street and Number)	935 N. Monroe St.
5. Full Name of Mother	Mary [redacted] Lipa
6. Mother's Maiden Name	" Pazourek
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Iknac Lipa
9. Father's Occupation	Labor
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Kati Pazourek
Address	1641. Abbott Ste.
Remarks	Born Live

RETURN OF A BIRTH 97539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct. 11. 1897
4. Place of Birth (Street and Number),	226 E. Biddle St.
5. Full Name of Mother,	Clara Louisa Chipman Kranck
6. Mother's Maiden Name,	Clara Louisa Chipman
7. Mother's Birthplace,	Balt. Md.
8. Full Name of Father,	Julius Bullow Kranck
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Wilmington ~~Del~~ Del.
Name of Medical Attendant, or other person who makes this Return.	Dr. C. Rucks Md.
Address,	1000 E. Balto St.
Remarks,	Natural Delivery

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Guthrie Co., City Printers and Stationers

RETURN OF A BIRTH 91,540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), white

3. Date of Birth, Oct 14th 1887

4. Place of Birth (Street and Number), Cor Preu & Fayette N.E.

5. Full Name of Mother, Chas. Georgia Thompson

6. Mother's Maiden Name, —

7. Mother's Birthplace, Balto City

8. Full Name of Father, Gregg Thompson

9. Father's Occupation, Merchant

Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. W. Tuo MD

Address,

Remarks,

who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 97541

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 15th
4. *Place of Birth (Street and Number),* 137 Camden St
5. *Full Name of Mother,* Maggie Oberle
6. *Mother's Maiden Name,* Maggie Obrus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father* John Oberle
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germay

Name of Medical Attendant, or other person who makes this Return.

Address, Wellington Hotel

Remarks, 529 Columbia Ave

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

GIVEN NAME ADDED 5-23-52

RETURN OF A ~~BIRTH~~ 97542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frederick Henry Seifert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White 12 2
3. Date of Birth, October ~~15~~ 1887
4. Place of Birth, (Street and Number) No 1113 Washington Ave Balto City
5. Full Name of Mother, ~~(Last)~~ Tot) Elizabeth
6. Mother's Maiden Name, Lizzie Seifert
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Adam Seifert
9. Father's Occupation, Carter
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Miss Mary E Graning

Address, No 414 South Strickers st Balto Md

Remarks, Mother and Child are doing Well

11-7-52

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 9,543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8ter Child
Sex (state whether male or female),	Boy
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Geboren den 15 October
4. Place of Birth (Street and Number),	2503 Alexander Str
5. Full Name of Mother,	Pauline Drilnberg
6. Mother's Maiden Name,	Pauline Moritz
7. Mother's Birthplace,	Germania
8. Full Name of Father,	William Drilnberg
9. Father's Occupation,	Sober
10. Father's Birthplace,	Germania
Name of Medical Attendant, or other person who makes this Return.	Friederike Kaufmann
Address,	517 S. Dallas Str
Remarks,	Hebamme

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 te Child
Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Geboren den 15 te October
4. Place of Birth (Street and Number),	417 Conrad Str
5. Full Name of Mother,	Lisebeht Mueller
6. Mother's Maiden Name,	Lisebeht Wolff
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Georg Mueller
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Koopmann
Address,	517 S. Dallas Str
Remarks,	Hebamme

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 97545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rachel Taylor Aldridge

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 15/87
4. Place of Birth, (Street and Number) 529 N. Fulton
5. Full Name of Mother, Annie E Aldridge
6. Mother's Maiden Name, " " Taylor
7. Mother's Birthplace, Md
8. Full Name of Father, W.S. Aldridge
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto
11. Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.
12. Address, 600 N. Howard St
13. Remarks, SURNAME ADDED 2-26-54

L.711

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 95346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	This 15 of Oct 1897
4. Place of Birth (Street and Number),	No 1034 Central Ave
5. Full Name of Mother,	Maggie Schmidt
6. Mother's Maiden Name,	Maggie Kiger
7. Mother's Birthplace,	York Pa
8. Full Name of Father,	Joseph Schmidt
9. Father's Occupation,	Cigarmaker
10. Father's Birthplace,	York Pa
Name of Medical Attendant, or other person who makes this Return.	Newton Lauer
Address,	No 1057 Hanover Ave
Remarks,	Bal Md
	R S G

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 9547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	tenth birth
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	colored
3. Date of Birth,	october 15
4. Place of Birth (Street and Number),	city mount alto 22
5. Full Name of Mother,	mariah davis
6. Mother's Maiden Name,	mariah washington
7. Mother's Birthplace,	wicks county virginia
8. Full Name of Father,	lewis davis
9. Father's Occupation,	labor
10. Father's Birthplace,	wicks county virginia
Name of Medical Attendant, or other person who makes this Return.	jane warren
Address,	carroll avenue no 5
Remarks,	

for each Offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers

RETURN OF A BIRTH.

97548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 5 he "

1. Sex (state whether ~~Male~~ or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 16 " 87
4. Place of Birth (Street and Number) 10 N. Amm St.
5. Full Name of Mother Mary Lewis.
6. Mother's Maiden Name Mary Ashcum
7. Mother's Birthplace Balto Md "
8. Full Name of Father Thos Lewis.
9. Father's Occupation Pilot
10. Father's Birthplace Balto Md "

Name of Medical Attendant, or other Person who makes this Return. J. Mc. Coskenell M.D.

Address 26 S. Broadway

Remarks

RETURN OF A BIRTH 94,549.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 16
4. Place of Birth (Street and Number), 1135 Decatur st
5. Full Name of Mother, Emilie Ahnat
6. Mother's Maiden Name, Emilie Gardner
7. Mother's Birthplace, Parkersburgh W. Va
8. Full Name of Father, August Ahnat
9. Father's Occupation, Pipe maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Hollingsworth Alley

Remarks, 529 Coldenbird Ave

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Mishing Co., City Printers and Stationers

RETURN OF A BIRTH 97550.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 2 Child
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	The 16th Oct 1857
4. *Place of Birth (Street and Number),*	No 800 Eutaw St
5. *Full Name of Mother,*	Kate Smith
6. *Mother's Maiden Name,*	Kate Bertrand
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Smith
9. *Father's Occupation,*	Tinkelearning
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm Lob Davis
Address,	No 1057 Harford Ave
Remarks,	Bal Md 1857

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers

Over

RETURN OF A BIRTH 97.581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Burchell Greiner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, Octr. 16. 1897

4. Place of Birth (Street and Number), 1705 Edmondson Ave.

5. Full Name of Mother, Lilly F. Greiner

6. Mother's Maiden Name, Burchell

7. Mother's Birthplace, Va.

8. Full Name of Father, Jno C. Greiner

9. Father's Occupation, Civil Engineer

10. Father's Birthplace, Del.

Name of Medical Attendant, or other person who makes this Return. J. W. Chrisfield M.D.

Address, 1821 Madison Ave.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex (~~state whether male or~~ female),

2. Race or Color (~~if not of the~~ white race),

3. Date of Birth, Oct. 16/87.

4. Place of Birth (Street and Number), 811 N Caroline St.

5. Full Name of Mother, Rebecca Blakefield.

6. Mother's Maiden Name, Rebecca Staub.

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, Alexander Blakefield.

9. Father's Occupation, Editor.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. John A. Blakefield

Address, 662 W Lexington St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ching Co., City Printers and Stationers.

RETURN OF A BIRTH. 97553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Light Brown skin
3. Date of Birth	October 16th 1897
4. Place of Birth, (Street and Number)	No 2. Bodine Court
5. Full Name of Mother,	Jennie Flanner Williams
6. Mother's Maiden Name,	Flanner
7. Mother's Birthplace,	Ferrara Co
8. Full Name of Father,	Charles Williams
9. Father's Occupation,	Porter
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Lennox Lane
Address,	No 6 Eastern Ave
Remarks,	

for each offence to be recovered as other fines and forfeitures are recovered.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Clementine Pauline Lang 7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 17 1887
4. Place of Birth, (Street and Number)	401 N Saratoga
5. Full Name of Mother,	Brigette Lang
6. Mother's Maiden Name,	Brigette Gabriel
7. Mother's Birthplace,	France
8. Full Name of Father,	Jerome Lang
9. Father's Occupation,	upholsterer
10. Father's Birthplace,	France
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald MD
Address,	310 N Eutaw Rest
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

9 7 5 15

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	
Sex, (~~state whether~~ male ~~or female~~)	
Race or Color, (~~if not of the white race~~)	
Date of Birth,	Oct 1, 18 97
Place of Birth, (Street and Number)	1021 East Lombard St
Full Name of Mother,	Henrietta Schrier
Mother's Maiden Name,	" Glatzel
Mother's Birthplace,	Balto City Md
Full Name of Father,	Wm " Schrier
Father's Occupation,	Electro Plater
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Dr Sophie Herzer MD
Address,	1102 E Balto St
Remarks,	

INGS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Fourth (4th)

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, October 18th 1887
4. Place of Birth (Street and Number), No 1626 East Monument Street
5. Full Name of Mother, Mrs. Mary Elizabeth Johnson
6. Mother's Maiden Name, Miss Mary E. Owens
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. George Melvin Johnson
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. William H. Clendiner, M.D.

Address, No. 418 North Broadway

Remarks, Nurse, Mrs. Annie Fischell
No. 1928 Fairmount Avenue

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 7 Oct 1897
4. *Place of Birth (Street and Number),* 931 Gallow St
5. *Full Name of Mother,* Mary Zitnik
6. *Mother's Maiden Name,* Mary Zitnik
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Zitnik
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kohtich

Address, 509 N Washington st

Remarks,

Mother, Informant, Physician or Midwife, who shall refuse or neglect to furnish the information required by this Return, or who shall knowingly make a false statement in any of the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,556.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Boy
2. Race or Color (if not of the white race), White
3. Date of Birth, 7 Oct 1887
4. Place of Birth (Street and Number), 307 Caroline St
5. Full Name of Mother, Antonia Baiffer
6. Mother's Maiden Name, Antonia Baiffer
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Johomas Urban
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 509 N. Washington St

Remarks,

the Commissioner of Health, in the manner and [illegible] of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 8 Oct 1857
4. *Place of Birth (Street and Number),* 209 N Washington St
5. *Full Name of Mother,* Barbora Vogel
6. *Mother's Maiden Name,* Barbora Vogel
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Vogel
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koplish

Address, 209 N Washington St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9560.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 5 Oct 1887
4. *Place of Birth (Street and Number),* 212 Bethel
5. *Full Name of Mother,* Annie Russy
6. *Mother's Maiden Name,* Annie Russey
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Fred Russy
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Henry Kopitsch

Address, 509 N Washington St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 10 Oct 1887

4. *Place of Birth (Street and Number),* 1809 Hanneman Ave

5. *Full Name of Mother,* Josephine Struben

6. *Mother's Maiden Name,* Josephine Vitak

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* John Struben

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Anny Kopfiak

Address, 509 N Washington St

Remarks,

the Commissioner of Health, in the manner and within the period [illegible] who shall hereafter fail to comply with the provisions of this section shall be [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 10 Oct 1887
4. *Place of Birth (Street and Number),* 229 S Wolfe St
5. *Full Name of Mother,* Kate Miller
6. *Mother's Maiden Name,* Katie Franz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Henry Kostish

Address, 509 Washington St

Remarks,

the Commissioner of Health, in the manner and within the period above required, shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97563.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 10 Oct 87
4. Place of Birth (Street and Number), 704 Wolfe St
5. Full Name of Mother, Minnie Wiesner
6. Mother's Maiden Name, Minnie Kieser
7. Mother's Birthplace, Germany
8. Full Name of Father, John Wiesner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kottick

Address, 507 N Washington St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97564.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 16 Oct 1887
4. *Place of Birth (Street and Number),* 1003 Central ave
5. *Full Name of Mother,* Kate Rejzek
6. *Mother's Maiden Name,* Kate Horner
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Rejzek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koplick

Address, 509 N Washington st

Remarks,

the Commissioner of Health, in the manner and within the [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 9 22 Durham at
4. *Place of Birth (Street and Number),* 10 Oct 1887
5. *Full Name of Mother,* Josephine Stienašek
6. *Mother's Maiden Name,* Josephine Stienašek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Novak
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsch

Address, 509 N Washington at

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 10 Oct 1887
4. *Place of Birth (Street and Number),* 518 E Jefferson st
5. *Full Name of Mother,* Mary Moses
6. *Mother's Maiden Name,* Mary Schrank
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jakob Moses
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kapitzki

Address, 509 N Washington st

Remarks,

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 9756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female)
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* April 7th 1897
4. *Place of Birth*, (Street and Number) No 18 S. Fulton Ave
5. *Full Name of Mother*, Lyda Wachmeyer
6. *Mother's Maiden Name*, " Chance
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, Wm. Wachmeyer
9. *Father's Occupation*, Telegraph Operator
10. *Father's Birthplace*, Elkton Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Spencer M.D

Address, 555 W. Lombard St.

Remarks,

y & Co. City Printers and Stationers.

RETURN OF A BIRTH 97568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 11 Oct 1887

4. *Place of Birth (Street and Number),* 716 Wolfe St

5. *Full Name of Mother,* Jennie Smith

6. *Mother's Maiden Name,* Jennie Kern

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* John Kern

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Koptick

Address, 509 N Washington St

Remarks,

the Commissioner of Health, in the manner and within the period [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]lishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 10-7-52

RETURN OF A BIRTH 97569.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lilly M. Zink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), ~~Male~~ Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 17 Oct 1897
4. Place of Birth (Street and Number), 613 N Chapple St
5. Full Name of Mother, Mary Zink
6. Mother's Maiden Name, Mary Zink
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Zink
9. Father's Occupation, Basket Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopsch

Address, 507 N Washington St

Remarks,

Mother, immediately hereafter, is required in the manner and within the period above required, and any such person or persons the Commissioner of Health, in the manner of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 11 Oct 1887
4. Place of Birth (Street and Number), 1729 N Fayette St
5. Full Name of Mother, Mary Kala
6. Mother's Maiden Name, Mary Schwar
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Kala
9. Father's Occupation, Sailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 1091 Washington St

Remarks,

Note. The Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 11 Oct 1887

4. *Place of Birth (Street and Number),* 1821 Eden St

5. *Full Name of Mother,* Mary Zelenka

6. *Mother's Maiden Name,* Mary Schutt

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* James Zelenka

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Koptist

Address, 509 N Washington St

Remarks,

the Commissioners of Health, in the manner and [illegible] and [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97572.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 11 Oct 1887

4. *Place of Birth (Street and Number),* 518 Jefferson st

5. *Full Name of Mother,* Mary Rezek

6. *Mother's Maiden Name,* Mary Moser

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* James Rezek

9. *Father's Occupation,* Laborer

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptiak

Address, 509 N Washington st

Remarks,

Use Commissioner of Health, the ... provisions of this section shall be subjected to the ... who shall hereafter fail to comply with ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), ~~White~~ Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 1887
4. Place of Birth (Street and Number), 211 Chester St
5. Full Name of Mother, Annie Antonin
6. Mother's Maiden Name, Annie Simec
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos Simec
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kostiuk

Address, 509 N Washington St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

ding Co., City Printers and Stationers.

RETURN OF A BIRTH 93574.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 210 of Washington st

4. *Place of Birth (Street and Number),* 11 Oct 1867

5. *Full Name of Mother,* Carrie Hohmann

6. *Mother's Maiden Name,* Carrie Hohmann

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Michael Hohmann

9. *Father's Occupation,* Butcher

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsch

Address, 209 N Washington st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined for each offence, or be imprisoned as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Femal

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 11 Oct 1887

4. *Place of Birth (Street and Number),* 1515 Biddle st

5. *Full Name of Mother,* Lottie ashley

6. *Mother's Maiden Name,* Lottie ashley

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John ashley

9. *Father's Occupation,* Tailor

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koppisch

Address, 509 N Washington st

Remarks,

the Commissioner of Health, in the manner [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 11 Oct 1887

4. *Place of Birth (Street and Number),* 1913 E Lombard st

5. *Full Name of Mother,* Catrina Thim

6. *Mother's Maiden Name,* Catrina Thim

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Sebastin Rudel

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kostish

Address, 5091 Washington st

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any person who who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 71577.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 12 Oct 1887
4. Place of Birth (Street and Number), 1612 Millinien St
5. Full Name of Mother, Mary Haduk
6. Mother's Maiden Name, Mary Behonek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Michael Haduk
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptiek

Address, 509 N Washington St

Remarks,

The Commissioner of Health, in the manner and within the period [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 14 Oct 1887
4. Place of Birth (Street and Number), 2024 N Fayette St
5. Full Name of Mother, Francis Musil
6. Mother's Maiden Name, Francis Klima
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos Musil
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kostiuk

Address, 1069 N Washington St

Remarks,

the Commissioner of Health, or his authorized agent, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 14 Oct 1887

4. Place of Birth (Street and Number), 2101 Castle st

5. Full Name of Mother, Minnie Arnold

6. Mother's Maiden Name, Minnie Arnold

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Arnold

9. Father's Occupation, Tailor

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptuch

Address, 504 E Washington st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Born of Louise Lotte (9758)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 14th 1897
4. Place of Birth, (Street and Number) Baltimore City 1931 South Sreet
5. Full Name of Mother, Louise Lotte
6. Mother's Maiden Name, Louise Cration
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Walter Burlen Lotte
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Ellen Benth

Address, No. 929 Pacea St

Remarks, Child Living

within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether male or female),	Boy
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	14 October 1887
4. Place of Birth (Street and Number),	No 40 Brown Lane
5. Full Name of Mother,	Mrs. C. Swartz
6. Mother's Maiden Name,	Miss C. Nittle
7. Mother's Birthplace,	Born Germany
8. Full Name of Father,	Mr. W. Swartz
9. Father's Occupation,	Baker
10. Father's Birthplace,	Born Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Register Co. City Docket and Ordinances

RETURN OF A BIRTH. 97582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 14th 1887
4. Place of Birth (Street and Number)	S. W. Cor Central Ave and Hoffman St.
5. Full Name of Mother	Virginia M. Sheppard
6. Mother's Maiden Name	Virginia M. Robinson
7. Mother's Birthplace	Virginia
8. Full Name of Father	Arthur C. Sheppard
9. Father's Occupation	Sales Man
Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	A. F. Alston
Address	1207 N. Central Ave
Remarks	

of the parents, and the maiden name of the

RETURN OF A BIRTH 97583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 14 1897
4. Place of Birth, (Street and Number) Baltimore No 906 Druid Street
5. Full Name of Mother, Eliza Ann Gray
6. Mother's Maiden Name, Eliza Ann Turner
7. Mother's Birthplace, Queen Ann County Eastern Shore Md
8. Full Name of Father, George Leonard Gay
9. Father's Occupation, A Porter in a Grain & Flour Store
10. Father's Birthplace, Ann Arundel County Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offense to be recovered as other fines. And forfeitures are recoverable.

RETURN OF A BIRTH 9584.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 14 Oct 1857

4. Place of Birth (Street and Number), 2152 McElderry st

5. Full Name of Mother, Kate Gross

6. Mother's Maiden Name, Kate Gross

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Gross

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Thos Koptish

Address, 509 N Washington

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 15 Oct 887

4. *Place of Birth (Street and Number),* 109 N Chapple st

5. *Full Name of Mother,* Mary Slazak

6. *Mother's Maiden Name,* Mary Kozort

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* John Slazak

9. *Father's Occupation,* Tailor

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitet

Address, 509 N Washington st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor and for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97586.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Boy

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 15 Oct 1887

4. *Place of Birth (Street and Number),* 217 N Washington st

5. *Full Name of Mother,* Hannah Gloss

6. *Mother's Maiden Name,* Hannah Gloss

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Peter Gloss

9. *Father's Occupation,* Arbeiter

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koplick

Address, 509 N Washington st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of $5 for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City) Printers and Stationers.

RETURN OF A BIRTH 97587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 Oct 897
4. *Place of Birth (Street and Number),* 616 Washington st
5. *Full Name of Mother,* Pauline Roth
6. *Mother's Maiden Name,* Pauline Svoboda
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Adam Roth
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Henry Kostick

Address, 509 A Washington st

Remarks,

who shall hereafter fail to supply a true and correct return of any birth, shall forfeit and pay for each offence, to the use of the informer, as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 Oct 1887
4. *Place of Birth (Street and Number),* 1942 E Lombard St
5. *Full Name of Mother,* Carrie Schwert
6. *Mother's Maiden Name,* Carrie Schwert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Schwert
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsch

Address, 509 N Washington st

Remarks,

who shall herein fail to comply, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than fifty dollars nor more than one hundred dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 Oct 1889
4. *Place of Birth (Street and Number),* 513 Gittle st
5. *Full Name of Mother,* Mary Gossmann
6. *Mother's Maiden Name,* Mary Gossmann
7. *Mother's Birthplace,* Germany ~~Gossmann~~
8. *Full Name of Father,* Frank Gossmann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptin

Address, 109 N Washington st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97590.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9. Child
Sex (state whether male or female),	Little Boy
2. Race or Color (if not of the white race),	White Race
3. Date of Birth,	Born 15th of October 1887
4. Place of Birth (Street and Number),	No 30 Vincent st city
5. Full Name of Mother,	Mrs. Kate Ohle
6. Mother's Maiden Name,	Miss Kate Mohr
7. Mother's Birthplace,	Born Bayer Germany
8. Full Name of Father, Mr Ohle	" Hessen Germany
9. Father's Occupation,	Groceries and Liquors store
Father's Birthplace,	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

who shall neglect for ten days after the birth of any child to comply with the requirements of this section, shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Co. City Printers and Stationers

RETURN OF A BIRTH 97591.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 15 Oct 1897
4. Place of Birth (Street and Number), 233 Burke St
5. Full Name of Mother, Mary Sturgeon
6. Mother's Maiden Name, Mary Stayneyer
7. Mother's Birthplace, America
8. Full Name of Father, August Sturgeon
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Koptick

Address, 509 Washington st

Remarks,

Who shall forge or fraudulently alter any [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97592.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
Sex (state whether male or female),	Little ~~Boy~~ Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 16th of Oct 1887
4. Place of Birth (Street and Number),	No 209 Bruce st
5. Full Name of Mother,	Mrs Veifman ~~Miss Kate Eichinger~~
6. Mother's Maiden Name,	Miss Kate Eichinger
7. Mother's Birthplace,	Wertenberg Germany
8. Full Name of Father,	Mr George Veifman
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Born Beyer Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks:	

for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. Ottenberg, City Printer and Stationer.

RETURN OF A BIRTH 9 1 6 9 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 16 Oct 1887

4. Place of Birth (Street and Number), 13 Durham st

5. Full Name of Mother, Jennie Wieder

6. Mother's Maiden Name, Jennie Wieder

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Wieder

9. Father's Occupation, Brick maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Henry Koptsat

Address, 504 N Washington st

Remarks.

for each offence, to be recovered as other fines and forfeitures are recovered.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97594.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	17 October
4. Place of Birth, (Street and Number)	No 1619 Lillie Madison Street
5. Full Name of Mother,	Emma Feeney
6. Mother's Maiden Name,	Emma Bacon
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Christopher Feeney
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dolores
Address,	No 1619 Lillie Madison Street
Remarks,	Mon

...NTER & STATIONER, BALT.

RETURN OF A BIRTH 97595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Boy

2. Race or Color (if not of the white race), White

3. Date of Birth, 18 Oct 1887

4. Place of Birth (Street and Number), 1043 Durham st

5. Full Nume of Mother, Victoria Urban

6. Mother's Maiden Name, Victoria Urban

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Vaclav Urban

9. Father's Occupation, Jailor

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopisch

Address, 109 N Washington st

Remarks,

for each offence. to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 18 1887

4. Place of Birth (Street and Number), 503 N Chapple st

5. Full Name of Mother, Josephine Blashek

6. Mother's Maiden Name, Josephine Svehla

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos Blashek

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopsick

Address, 509 N Washington St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 77597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Oct 18th 1887
4. *Place of Birth (Street and Number),* 420 East 4th
5. *Full Name of Mother,* Mary Pauline Stuckmann
6. *Mother's Maiden Name,* " " Kimpel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Stuckmann
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany
11. *Name of Medical Attendant,* or other person who makes this Return. D Streett. MD

Address, 403 S. Eden st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH. 97598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 16th 1. a m. 1887

4. Place of Birth, (Street and Number) S 12 th Sheridan

5. Full Name of Mother, Clara Kane

6. Mother's Maiden Name, Clara Stallings

7. Mother's Birthplace, Balto md

8. Full Name of Father, Cornelius Kane

9. Father's Occupation, Police Dept

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A H Saxton MD

Address, 1136 Lightner

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 97529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colord
3. *Date of Birth,* october 18. 1897
4. *Place of Birth (Street and Number),* 1414 Hoen St
5. *Full Name of Mother,* mary Edwards age 18
6. *Mother's Maiden Name* mary Pitt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Edwards age 21
9. *Father's Occupation,* oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Ellen Carson

Address, 1926 Chapel St City

Remarks.

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97600

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 3d

4. Place of Birth, (Street and Number) 1210 N. Fremont

5. Full Name of Mother, Catherine A Pyles.

6. Mother's Maiden Name, " " Ryan

7. Mother's Birthplace, Montgomery Co Md

8. Full Name of Father, Francis J Pyles

9. Father's Occupation, Policeman

10. Father's Birthplace, Montgomery Co Md

Name of Medical Attendant, or other Person who makes this Return. Truman F Hill

Address, D. N. Co. Calhoun & Fayette

Remarks,

for each offense to be recovered

RETURN OF A BIRTH 97601.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 12th 1887
4. *Place of Birth (Street and Number),* 934 West Pratt st Balti city.
5. *Full Name of Mother,* Annie Adams
6. *Mother's Maiden Name,* Annie Brooks
7. *Mother's Birthplace,* Balti city
8. *Full Name of Father,* Henry Adams
9. *Father's Occupation,* Cooper maker
10. *Father's Birthplace* Balti city

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter Mid wife.

Address, 23 N Payne st.

Remarks,

for each offence, to be recovered as [illegible] and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97602.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Oct. 12/87
Place of Birth, (Street and Number)	220 N Bond St.
Full Name of Mother,	Emma M. Smith
Mother's Maiden Name,	Emma M. Landin
Mother's Birthplace,	Bald. City
Full Name of Father,	Matt. J. Smith
Father's Occupation,	Health Office clerk
Father's Birthplace,	Bald. City
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address,	129 E. Broadway
Remarks,	

INTER & STATIONER, BALT.

RETURN OF A BIRTH 91603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 12th 1887
4. *Place of Birth (Street and Number),* 1422 Mc Henry. city
5. *Full Name of Mother,* Susie De young
6. *Mother's Maiden Name,* Susie Harvey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Morris De young
9. *Father's Occupation,* Cook & confectioner
10. *Father's Birthplace,* Birmingham. England

Name of Medical Attendant, or other person who makes this Return. Lucian Hunter.

Address, 23 N Payne St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recovered by law.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/604.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Oct 12/04
4. *Place of Birth (Street and Number),* 617 Druid Pl
5. *Full Name of Mother,* Jane Rhodes
6. *Mother's Maiden Name,* Jane R Lewis
7. *Mother's Birthplace,* Back Yd
8. *Full Name of Father,* Richard Rhodes
9. *Father's Occupation,* Steamfitter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Jane Rhodes

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/6 05.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 13th Oct 1887
4. *Place of Birth (Street and Number),* 314 N Gum st
5. *Full Name of Mother,* Ida E Massey
6. *Mother's Maiden Name,* Ida E Gilbert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James J Massey
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return. Susan Stanton

Address, 23 N° Payne st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9606.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name —	Albertina Mooyer
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	Thursday October 13th 1887
4. Place of Birth (Street and Number),	212. N. Green St.
5. Full Name of Mother,	Katie Mooyer,
6. Mother's Maiden Name,	Katie Sommerlad,
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Ferdinand August Mooyer,
9. Father's Occupation,	Bar Keeper,
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N. Bryden St
Remarks,	DATE ADDED 6-24-54

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97607.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* ~~1st~~ ~~October~~ Oct 13 1897
4. *Place of Birth (Street and Number),* 121 Little Vine St
5. *Full Name of Mother,* Mary Price
6. *Mother's Maiden Name,* Mary Price
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry Price
9. *Father's Occupation,* Longshoreman
10. *Father's Birthplace,* Md
11. *Name of Medical Attendant,* or other person who makes this Return. Jno Woodland
12. *Address,*
13. *Remarks,*

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH. 97608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th ~~Child~~

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth October 14th 1887
4. Place of Birth, (Street and Number) 321 Chestnut St
5. Full Name of Mother, Sarah E. Monroe
6. Mother's Maiden Name, Ward
7. Mother's Birthplace, Somerset County Md.
8. Full Name of Father, Chas. Alex. Monroe
9. Father's Occupation, Laborer
10. Father's Birthplace, St. Mary's Co. Md

Name of Medical Attendant, or other Person who makes this Return. Francis A. Lauer M.D.

Address, 439 N. Central Ave.

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

A Co., City Printers and Stationers.

RETURN OF A BIRTH 9,609.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* Col'd

3. *Date of Birth,* Oct 14/87

4. *Place of Birth (Street and Number),* 117 Lemmon

5. *Full Name of Mother,* Lizzie Pearson

6. *Mother's Maiden Name,* Lizzie Price

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* Thos Pearson

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Jane Brockett

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97610.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 15 October

4. Place of Birth, (Street and Number) 218 East St

5. Full Name of Mother, Hester Ann Banks

6. Mother's Maiden Name, Hester Ann Griffin

7. Mother's Birthplace, Talbot Talbot Co Md

8. Full Name of Father. John Wesley Banks

9. Father's Occupation, Grain Carrier

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Darkey Jennings

Address, 133 Chestnut St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 16 87
4. Place of Birth (Street and Number),	58 E. Bruce
5. Full Name of Mother,	Martha Johnson
6. Mother's Maiden Name,	Martha Smith
7. Mother's Birthplace,	Poultney
8. Full Name of Father,	Wm Johnson
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Poultney
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 97612.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color race

3. Date of Birth, 17 th "

4. Place of Birth, (Street and Number) No 113 Chestnut street

5. Full Name of Mother, Mary Elizabeth ~~Dorsey~~ Young

6. Mother's Maiden Name, Mary Elizabeth Young Dixon

7. Mother's Birthplace Baltimore

8. Full Name of Father, Benjeman Young

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Easton Shore Md

Name of Medical Attendant, or other Person who makes this Return Darby Thomas Tonneling

Address, 144 Chestnut

Remarks,

RETURN OF A BIRTH 97613.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	feamale
Race or Color, (if not of the white race)	White
Date of Birth,	thursday
Place of Birth, (Street and Number)	16/2/19 Hocking Street
Full Name of Mother,	Sofa Crose
Mother's Maiden Name,	Sofa Sidis
Mother's Birthplace,	Germony
Full Name of Father,	Michel. Crose
Father's Occupation,	Butcher
Father's Birthplace,	Germeny
Name of Medical Attendant, or other Person who makes this Return	Mrs Donley
Address,	16B Littlewood St
Remarks,	Mon

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 9,614.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Octo. 20. 1887.

4. Place of Birth (Street and Number), 507 N. Hoffman

5. Full Name of Mother, Catie J. Smith

6. Mother's Maiden Name, Mc. Govern

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Joseph A. Smith

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1821 Madison Ave.

Remarks,

For each offence, to be recovered as other fines and forfeitures are recovered.

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH, 9615

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth ~~4 o'clock Pm~~ Oct 20th 1887
4. Place of Birth, (Street and Number) 925 Streeper St
5. Full Name of Mother Katie Flinn
6. Mother's Maiden Name Katie Miller
7. Mother's Birthplace Germany
8. Full Name of Father John Flinn
9. Father's Occupation Taylor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J E Fairchild MD

Address 2830 O Donnell St

Remarks

RETURN OF A BIRTH 97616.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race) Poland White

3. Date of Birth, Sept 6th

4. Place of Birth (Street and Number), 178 Eutaw St

5. Full Name of Mother, K- Zalizni

6. Mother's Maiden Name, Dorthy =

7. Mother's Birthplace, Poland

8. Full Name of Father, Karl Zalizni

9. Father's Occupation, Restaurant Keeper

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Ch. Wm Sec 1925

Address, 413 Wayne Ave

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH. 9,617.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 5th 1887
4. Place of Birth (Street and Number) Fayette & Stricker Sts
5. Full Name of Mother Mary Emma Roberts
6. Mother's Maiden Name Mary Emma Scott
7. Mother's Birthplace Maryland
8. Full Name of Father Joseph F Roberts
9. Father's Occupation Clerk Merchant
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. W Hammond M.D.

Address 310 N Paca St

Remarks Natural Labor

RETURN OF A BIRTH 9618.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	April Eighth 1910
4. *Place of Birth, (Street and Number)*	Grindall Near Williams
5. *Full Name of Mother.*	Jennie Todd
6. *Mother's Maiden Name.*	Jennie Thorsen
7. *Mother's Birthplace,*	Roefoes Island
8. *Full Name of Father,*	William Todd
9. *Father's Occupation,*	Boatswain
10. *Father's Birthplace,*	Roefoes Island
Name of Medical Attendant, or other person who makes this Return.	M. P. Easton
Address,	213 South St
Remarks,	Primary

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97617.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 Sep 887
4. *Place of Birth (Street and Number),* 160 Eager St
5. *Full Name of Mother,* Thersia Wrapper
6. *Mother's Maiden Name,* Thersia Loom
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav Wrapper
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsh

Address, 527 N Washington St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recovered.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 97620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Sept. 16th 1887
4. Place of Birth, (Street and Number) 208 Bank st.
5. Full Name of Mother, Agusta Hacker
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Karl Hacker
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return Mrs. L Bernstein

Address, 122 S. Exeter st.

Remarks.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	16th Aug 1887
4. *Place of Birth, (Street and Number)*	West St No 11
5. *Full Name of Mother,*	Katie Welsh
6. *Mother's Maiden Name,*	Katie Hagan
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Richard Welsh
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Dr. R. Lister
Address,	212 North St
Remarks,	Long well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97622.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether male or female), Male
2. *Race or Color* (if not of the white race), White
3. *Date of Birth,* Sept 17 1897
4. *Place of Birth* (Street and Number), 630 N Chapple st
5. *Full Name of Mother,* Mary Thiel
6. *Mother's Maiden Name,* Mary McNamy
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* August Thiel
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, 507 N Washington st

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,123.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Sept. 17th 1897
4. Place of Birth, (Street and Number) cor. Exeter & Saulsbury Alley
5. Full Name of Mother, Frona Garber
6. Mother's Maiden Name.
7. Mother's Birthplace, Europe
8. Full Name of Father. Harris Garber
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9764.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Sept. 19th 1887
4. Place of Birth, (Street and Number) 808 Hanover st.
5. Full Name of Mother, Henrietta Gordon
6. Mother's Maiden Name.
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Gordon
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 20 Sep 1887
4. *Place of Birth (Street and Number),* 515 Chew st
5. *Full Name of Mother,* Sophia Sekarda
6. *Mother's Maiden Name,* Sophia Zaulock
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Sekarda
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Chas Kostish

Address, 501 Washington st

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 93626.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 boy

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept. 29, 1887
4. *Place of Birth (Street and Number),* 110 Harrison St.
5. *Full Name of Mother,* Bettie Cohen
6. *Mother's Maiden Name,* Bettie Superon
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Cohen
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Schermann

Address, Albemarle st cor 103.

Remarks,

Co., City Printers and Stationers

RETURN OF A BIRTH 9762.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Sept. 20th 1887
4. Place of Birth, (Street and Number) Albemarle st.
5. Full Name of Mother, Anna Heenan
6. Mother's Maiden Name.
7. Mother's Birthplace, Ireland
8. Full Name of Father Peter Heenan
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97628.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Louis

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept. 21, 1887
4. *Place of Birth (Street and Number),* 102 Harrison St
5. *Full Name of Mother,* Esther Buchner
6. *Mother's Maiden Name,* Esther Buchner
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hyman Buchner
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. J E Scherman

Address, Aldemarle St N 103.

Remarks,

Co., City Printers and Stationers

RETURN OF A BIRTH 97629.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 22nd 1887
4. Place of Birth, (Street and Number) 47 Bank st.
5. Full Name of Mother, Laura Justis
6. Mother's Maiden Name.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Justis
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs. Le. Bernstein

Address, 122 S. Exeter st.

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97630.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Sept. 22nd 1887
4. Place of Birth, (Street and Number) cor. Albemarle st. & Stiles.
5. Full Name of Mother, Mary Ann Whales
6. Mother's Maiden Name, " " Manuels
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Whales
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs. C. Bernstein

Address, 122 S. Exeter st

Remarks.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9/631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 2nd 1897
4. Place of Birth (Street and Number),	1006 N. Donaugh St
5. Full Name of Mother,	Annie Myers.
6. Mother's Maiden Name,	Lang
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	J Taylor Myers.
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S St. Seldner M D
Address,	1 E Fox Caroline & Eager Sts
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recovered.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 1st 1897
4. Place of Birth (Street and Number),	1220 N Canal St
5. Full Name of Mother,	Maggie Ulrich
6. Mother's Maiden Name,	Schiffbauer
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Charles Ulrich
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	L H Seldner M.D.
Address,	S E Cor Caroline & Eager Sts
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 No
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 8th 1887
4. Place of Birth (Street and Number),	307 Mulberry st
5. Full Name of Mother,	Mary Alves
6. Mother's Maiden Name,	Stallo
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Caspar Alves
9. Father's Occupation,	Saloon keeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. H. Greenwald
Address,	609 Goodes St
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97634.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	~~Aug~~ September 10th 1897
4. Place of Birth (Street and Number),	23 Smith St
5. Full Name of Mother,	Mary Dreidel
6. Mother's Maiden Name,	Mary Henry
7. Mother's Birthplace,	~~Balto~~ Md
8. Full Name of Father,	Henry Dreidel
9. Father's Occupation,	Candy maker
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Geo A Livezey M.D
Address,	609 Mulberry St
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH

9-635.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	5th
Sex. (state whether male or female)	female
Race or Color. (if not of the white race)	White
Date of Birth.	Sept 3rd 87.
Place of Birth. (Street and Number)	1522 Baltimore Ave
Full Name of Mother.	Louisa Jungker
Mother's Maiden Name.	" Hamerich
Mother's Birthplace.	Germany
Full Name of Father.	Ferdinand Jungker
Father's Occupation.	Cabinet Maker
Father's Birthplace.	Germany
Name of Medical Attendant, or other Person who makes this Return	C. L. Sudden Esq M.D.
Address.	418 E. Lucas st
Remarks.	

AND STATIONERS

RETURN OF A BIRTH 97636.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 7th
Place of Birth, (Street and Number)	170 Columbia Ave
Full Name of Mother,	Sophia Lenderking
Mother's Maiden Name,	" Steg
Mother's Birthplace,	York Co Penn.
Full Name of Father,	Philip Lenderking
Father's Occupation,	Tinner
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	C. L. Sudler M.D.
Address,	518 S. Exeter
Remarks,	

AND STATIONERS

RETURN OF A BIRTH 97637.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 9th
Place of Birth, (Street and Number)	802 Barre
Full Name of Mother,	Mollie Long
Mother's Maiden Name,	Gise
Mother's Birthplace,	Penn.
Full Name of Father,	Charles B. Long
Father's Occupation,	Commission Merchant
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	C. L. Gutelius M.D.
Address,	1718 E. Eutaw St
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 10-9-37

To the Office of Registrar of Vital Statistics, Board of Health,

Name of Child: ~~Albert William~~ Smith

Name of Child: Charles Clifford Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)	2 & 3 ed Twins
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 1 '37
Place of Birth, (Street and Number)	632 Bremer st
Full Name of Mother,	Carrie A. (~~Stefanski~~) Smith
Mother's Maiden Name,	Algeo
Mother's Birthplace,	Germany
Full Name of Father,	Henry (~~Stefanski~~) Smith
Father's Occupation,	Baltimore
Father's Birthplace,	Salesman
Name of Medical Attendant, or other Person who makes this Return	E. L. Sutton M.D.
Address,	4 E. Read
Remarks,	

AND STATIONERS

RETURN OF A BIRTH 97639.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 2nd 97
Place of Birth, (Street and Number)	624 S. Fremont st
Full Name of Mother,	Katherine Oberzeider
Mother's Maiden Name,	" Krager
Mother's Birthplace,	Germany
Full Name of Father,	John Oberzeider
Father's Occupation,	Tailor
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	C. F. Eichenbohm
Address,	418 S. Paca st.
Remarks,	

AND STATIONERS

RETURN OF A BIRTH 9160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug. Sept 20th 1887
4. *Place of Birth (Street and Number),* 1332 Fremont st
5. *Full Name of Mother,* Katie Groenmeyer
6. *Mother's Maiden Name,* Katie White
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm F. Groenmeyer
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Jno C Quessenbell

Address, 609 Hooker St

Remarks,

g Co., City Printers and Stationers.

RETURN OF A BIRTH 97641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 18th 1887
4. Place of Birth (Street and Number),	1324 Wilcoat St
5. Full Name of Mother,	Lizzie Kratz
6. Mother's Maiden Name,	L. Kamber
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Kratz
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Kate Musenchl
Address,	609 Mosher St
Remarks,	

ng Co., City Printers and Stationers.

RETURN OF A BIRTH 97642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	20th Sept 1887
4. Place of Birth (Street and Number),	370 Pennsylvania ave
5. Full Name of Mother,	Rozie Wahrman
6. Mother's Maiden Name,	" Dauber
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Wahrman
9. Father's Occupation,	Moulder
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs C Presenfelt
Address,	609 Hanover St
Remarks,	

ng Co., City Printers and Stationers.

RETURN OF A BIRTH 9-643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept 20 th 1889

4. *Place of Birth (Street and Number),* 1321 Stockton St

5. *Full Name of Mother,* Mary Use

6. *Mother's Maiden Name,* " McCarty

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Henry Use

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr J Thos Ryan

Address, 1321 Stockton St

Remarks,

g Co., City Printers and Stationers.

RETURN OF A BIRTH 97644.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifteenth
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 21st 1897
Place of Birth, (Street and Number)	1214 N Caroline St.
Full Name of Mother,	Catherine Pass
Mother's Maiden Name,	Busch
Mother's Birthplace,	Germany
Full Name of Father,	Conrad Pass
Father's Occupation,	Tailor
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	D. W. Feldner M.D.
Address,	1214 N Caroline St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

9,645.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourteenth
Sex (state whether male or female),	Male
Race or Color (if not of the white race),	White
Date of Birth,	September 21st 1887
Place of Birth (Street and Number),	1214 N Canal St
Full Name of Mother,	Catherine Paas
Mother's Maiden Name,	Busch
Mother's Birthplace,	Germany
Full Name of Father,	Conrad Paas
Father's Occupation,	Tailor
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	S H Seldner M d
Address,	S E Cor Caroline & Fayette Sts
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	1st 9,646
1. Sex, (state whether male or ~~female~~)	Male
2. Race or Color, (if not of the white race)	White 46
3. Date of Birth	Sept. 22/87 1903 ~~Sept. 22nd~~
4. Place of Birth, (Street and Number)	1903 McCulloh
5. Full Name of Mother,	Grace Orrison
6. Mother's Maiden Name,	Grace Callon
7. Mother's Birthplace,	Baltimore Co.
8. Full Name of Father,	Dr. J.E. Orrison
9. Father's Occupation,	dentist
10. Father's Birthplace,	Balt. Virginia
Name of Medical Attendant, or other Person who makes this Return.	A.A. Pole
Address,	2102 Madison Ave
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH 9,647.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 23rd 1889
Place of Birth, (Street and Number)	611 N. Bond St
Full Name of Mother,	Emma A Kirk
Mother's Maiden Name,	Sadler
Mother's Birthplace,	Baltimore
Full Name of Father,	Richard Kirk
Father's Occupation,	Carpenter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	S. H. Seldner M. D.
Address,	1 E Lexington Eager St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 9:648.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 23rd 1887

4. Place of Birth, (Street and Number) 619 N. Sanford St

5. Full Name of Mother, Flora E. Lanigan

6. Mother's Maiden Name, " " Quillet

7. Mother's Birthplace, Talbot Co Md

8. Full Name of Father, James C. Lanigan

9. Father's Occupation, Painter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return Geo. H. Penn M.D.

Address, 516 Hanover St.

Remarks, C.

...as a bar to all claims for each offence, to be recovered as other fines and penalties are recoverable.

...KS AND STATIONERS.

RETURN OF A BIRTH 9,649.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	23rd Sept 1882
4. *Place of Birth, (Street and Number)*	127 Garrison Ave Catonsville
5. *Full Name of Mother,*	Maggie Reside Elliott
6. *Mother's Maiden Name,*	" Brown Turnbull
7. *Mother's Birthplace,*	Kent Co
8. *Full Name of Father,*	John Elliott
9. *Father's Occupation,*	Waterman
10. *Father's Birthplace,*	Kent Co
Name of Medical Attendant, or other person who makes this Return.	Mrs. R. Eades
Address,	213 East St
Remarks,	Attended

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97650.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 26 Sep 1887
4. *Place of Birth (Street and Number),* 213 Eager St
5. *Full Name of Mother,* Barbora Wacek
6. *Mother's Maiden Name,* Barbora Burek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Wacek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptisch

Address, 509 N Washington St

Remarks,

for each offence, to be recovered as other fines and penalties are recovered.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Sept. 26th 1887

4. Place of Birth, (Street and Number) 930 Mill st.

5. Full Name of Mother, Mary Hoskins

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Hoskins

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Bernstein

Address, 112 S. Exeter st.

Remarks,

RETURN OF A BIRTH 97652.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 28th 1881

4. Place of Birth (Street and Number), 728 Pennsylvania ave

5. Full Name of Mother, Lizzie Lehmann

6. Mother's Maiden Name, Chesting

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Lehmann

9. Father's Occupation, Turner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A Baumgarte

Address, 109 Investor Ave

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 71653.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	~~Oct~~ Sep 28th 1887
4. Place of Birth, (Street and Number)	809 E Fayette
5. Full Name of Mother,	Rachel Glass
6. Mother's Maiden Name,	Fried
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Herman Glass
9. Father's Occupation,	Cantor in Synagogue
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return,	A Friedenwald
Address,	310 N Eutaw
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 9654.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 28th 1887

4. Place of Birth, (Street and Number) 913 Shank st

5. Full Name of Mother, Mary E. Smith

6. Mother's Maiden Name, " " Simmons

7. Mother's Birthplace, Millington Kent Co Md

8. Full Name of Father, Robert Smith

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Centreville Md

Name of Medical Attendant, or other Person who makes this Return Geo. H. Benson M.D.

Address, 911 Hanover

Remarks, C.C.

Any person or persons who shall neglect or refuse to make the above return, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable

PRINTERS AND STATIONERS

RETURN OF A BIRTH 9,655.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 29/87
4. *Place of Birth, (Street and Number)* 232 Henrietta St
5. *Full Name of Mother,* R. K. Holloway
6. *Mother's Maiden Name,* R. K. Boller
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thos. G. Holloway
9. *Father's Occupation,* Waterman
10. *Father's Birthplace,* Galena Kent Co Md

Name of Medical Attendant, or other person who makes this Return. Anna M. Price

Address, # 1013 S Charles St

Remarks,

RETURN OF A BIRTH 97656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6)

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 20 / 87
4. Place of Birth, (Street and Number) #16 Montgomery Ct
5. Full Name of Mother, Anna Myers
6. Mother's Maiden Name, Anna Miller
7. Mother's Birthplace, Balto
8. Full Name of Father, George Myers
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Anna M Potee

Address, 1018 S Charles St Balto

Remarks,

RETURN OF A BIRTH 9765.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ella 14

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 27, 1887
4. Place of Birth (Street and Number), 26 Market Space
5. Full Name of Mother, Ella Swartz
6. Mother's Maiden Name, Ella Schaarbar
7. Mother's Birthplace, ~~Russia~~ Russia
8. Full Name of Father, Isaac Swartz
9. Father's Occupation, Bandahist
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

Who shall neglect to make such Return, shall forfeit and pay ... for each offence, to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers

RETURN OF A BIRTH 9658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

Sex, (state whether male or female) one Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 3d. 1887

4. Place of Birth, (Street and Number) Baltimore 928. Lombard St

5. Full Name of Mother, Annie E Hogan

6. Mother's Maiden Name, Annie E. Gaylard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J Hogan

9. Father's Occupation, Moulder

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Rachel F. Gaylard

Address,

Remarks,

or person who shall neglect or refuse to make such Return for each offense to be recovered as other fines and forfeitures are recoverable.

ty Printers and Stationers.

RETURN OF A BIRTH 9659.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Leah

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 22, 1887
4. Place of Birth (Street and Number), 1116 Little Mr. Elderry St
5. Full Name of Mother, Katie Bearman
6. Mother's Maiden Name, Katie Deenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Bonnie Bearman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Schesman

Address, Albemarle st N 103.

Remarks,

who shall neglect or refuse to comply with the provisions of this Act, shall be subject to a penalty of Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...og Co., City Printers and Stationers

RETURN OF A BIRTH 9,660,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Henry

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 30, 1887
4. Place of Birth (Street and Number), 23 S Exeter St
5. Full Name of Mother, Annie Yoseleffsky
6. Mother's Maiden Name, Annie Kebard
7. Mother's Birthplace, Russia
8. Full Name of Father, Nyar Yoseleffsky
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Sotsman

Address, Albemarle st N 103.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9661.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 Sept

4. Place of Birth, (Street and Number) 418 Barre St

5. Full Name of Mother, Mary Katherine Mazella

6. Mother's Maiden Name, Mary Katherine

7. Mother's Birthplace, Italy

8. Full Name of Father, Romeo Mazella

9. Father's Occupation, Fruit dealer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. D. A. Edmond M.D.

Address, 250 Park St Baltimore

Remarks,

for each offence to be recovered as other fines are recovered

...s and Stationers.

Missing 97662-97667

RETURN OF A BIRTH 97668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Sept 1st 1907
4. Place of Birth (Street and Number),	1123 Division st
5. Full Name of Mother,	Louisa Chrisley
6. Mother's Maiden Name,	Louisa Ferrell
7. Mother's Birthplace,	Charlestown Md
8. Full Name of Father,	John F Chrisley
9. Father's Occupation,	Porter
10. Father's Birthplace,	Washington D C
Name of Medical Attendant, or other person who makes this Return.	Fenton Coleman
Address,	308 Preston st
Remarks,	

Co., City Printers and Stationers

RETU

To the Office of Registrar o

5. of Child of Mother, (state whether
1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9767

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Sept 21 1907
4. Place of Birth (Street and Number),	419 Dallas [illegible]
5. Full Name of Mother,	Ada Poole
6. Mother's Maiden Name,	Ada Baltimore
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	B.A. Poole
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Kings and Queen Co. Va
Name of Medical Attendant, or other person who makes this Return.	Mary Coffin
Address,	605 Preston st
Remarks,	

Who shall hereafter fail to comply with the provisions of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] Co., City Printers and Stationers.

Missing #97671

RETURN OF A BIRTH 97672.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	October 2nd
Place of Birth, (Street and Number)	1691 Hanover St
Full Name of Mother,	Susan Heller
Mother's Maiden Name,	Rothen
Mother's Birthplace,	Rochester Co Md
Full Name of Father,	Nicholas Heller
Father's Occupation,	Glass Blower
Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return	C. L. Gallenberger M.D.
Address,	918 S. Ann St.
Remarks,	

...ERS AND STATIONERS

RETURN OF A BIRTH. 9/6/73.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Oct. 3d 1881

4. *Place of Birth, (Street and Number)* Baltimore Bl. Bond st.

5. *Full Name of Mother,* Lillian Alberta Harrison

6. *Mother's Maiden Name,* Lillian Alberta Adams

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Thomas Harrison

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Pue Bedford

Address, 503 Orleans st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 97674

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 4th
4. Place of Birth, (Street and Number)	457 Garrett Ave L. F.
5. Full Name of Mother,	Lizzie Sturle
6. Mother's Maiden Name,	" Royal
7. Mother's Birthplace,	England
8. Full Name of Father,	Lawrence Sturle
9. Father's Occupation,	Captain
10. Father's Birthplace,	New Orleans Louisiana
Name of Medical Attendant, or other Person who makes this Return	L. E. Gaither M.D.
Address,	418 S. Broad
Remarks,	

...TERS AND STATIONERS

RETURN OF A BIRTH 97675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Secont child
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	5th October
4. Place of Birth, (Street and Number)	No 2206 Eastern Ave.
5. Full Name of Mother,	Charlotte Hammer
6. Mother's Maiden Name,	Charlotte E. Bighausen
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Adam Hammer
9. Father's Occupation,	Cross cutter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

Refer to the Index Book for each surname to be recovered as other laws and forms are provided.

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RETURN OF A BIRTH 97676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	6th Oct. 1897
4. *Place of Birth, (Street and Number)*	16 Gough Lane
5. *Full Name of Mother,*	Mary Grill
6. *Mother's Maiden Name,*	Mary Kernan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Grill
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. R. Cassey
Address,	212 Keath
Remarks,	Mary Mill

..., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97677.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 7th 1887
4. *Place of Birth (Street and Number),* 1424 Pennsylvania ave
5. *Full Name of Mother,* Katie Grosser
6. *Mother's Maiden Name,* " Kink
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Grosser
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs C Brumgold

Address, 609 Hooker St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 9768.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	October 7th 1887
Place of Birth, (Street and Number)	602 N. Gay St
Full Name of Mother	Emma Pletz
Mother's Maiden Name,	Wagner
Mother's Birthplace,	Balto.
Full Name of Father,	George Pletz
Father's Occupation,	Cabinet Maker
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	E. L. Duddenhorn
Address,	418 S. Paca St
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH 97679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 8th Oct 1892
4. Place of Birth, (Street and Number) 19 Rockett
5. Full Name of Mother, Mary E Powers
6. Mother's Maiden Name, Mary E Tuttle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Brown
9. Father's Occupation, ~~Engineer~~ Porter
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Dr. R Coskery
    Address, 113 South St
    Remarks, Living well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Oct 8th 1899
4. Place of Birth (Street and Number),	118 Division st
5. Full Name of Mother,	Carrie Dorsey
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Ellicott City md
8. Full Name of Father,	Louis Williams
9. Father's Occupation,	Laborer
10. Father's Birthplace.	Balto md
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	509 Paulson st
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Building Co., City Printers and Stationers

RETURN OF A BIRTH 97681.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
Sex. (state whether male or female)	Male
Race or Color. (if not of the white race)	White
Date of Birth,	October 8th
Place of Birth. (Street and Number)	1418 E. Charles St
Full Name of Mother,	Augusta Strauss
Mother's Maiden Name,	Kahn
Mother's Birthplace,	Germany
Full Name of Father,	Albert Strauss
Father's Occupation,	Insurance Agent
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	C. L. Bodley M.D.
Address,	1418 E. Chas St.
Remarks.	

ERS AND STATIONERS

RETURN OF A BIRTH 9682.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	9th October
4. *Place of Birth (Street and Number),*	1107 E. Lombard
5. *Full Name of Mother,*	Ida Augen Heilmann
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Augen
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Gasser
Address,	1016 E. Lombard st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 97683.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 9" 1887.
4. Place of Birth, (Street and Number)	No 2237 Essex street
5. Full Name of Mother,	Louise Mason
6. Mother's Maiden Name,	" Wiley
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Mason
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH 9/184.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	16th Oct 1884
4. *Place of Birth, (Street and Number)*	1726 Schroeder St
5. *Full Name of Mother,*	Emma Eckert
6. *Mother's Maiden Name,*	Emma Keegan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Eckert
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. C. Cooley
Address,	213 Hanover
Remarks,	born well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 7685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amelia Eva Baer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male Female

2. Race or Color (if not of the white race),

3. Date of Birth, 10th October 1887

4. Place of Birth (Street and Number), 1142 Whitfield Alley

5. Full Name of Mother, Eva Baer

6. Mother's Maiden Name, Kuhar

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Baer

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard St.

Remarks, GIVEN NAME ADDED 2-19-54 L.M.

for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9686.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 11th 1887
4. Place of Birth (Street and Number),	128 Pennsylvania Ave
5. Full Name of Mother,	Katie Zimmerman
6. Mother's Maiden Name,	Schmidt
7. Mother's Birthplace,	Bötto
8. Full Name of Father,	Charles Zimmerman
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Jno A Prisenthal
Address,	609 Mo Ave
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97681.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th to 1887
Sex (state whether male or female),	Male Sister
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 11th 1887
4. Place of Birth (Street and Number),	1132 Etting St
5. Full Name of Mother,	Alice Henderson
6. Mother's Maiden Name,	" Ashcroft
7. Mother's Birthplace,	Scotland
8. Full Name of Father,	Daniel Henderson
9. Father's Occupation,	Bookkeeper
10. Father's Birthplace,	Scotland
Name of Medical Attendant, or other person who makes this Return.	Mrs A Breckenridge
Address,	609 Woodward St
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9,688.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Oct 12 ~~th~~ 1887
4. *Place of Birth (Street and Number),*	1629 Gilmor St
5. *Full Name of Mother,*	Jochannah McManus
6. *Mother's Maiden Name,*	" O'Connor
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James McManus
9. *Father's Occupation,*	Bk Horse Shoer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Mrs E Insung M.D
Address,	607 Mosher St
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH.

97689.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Th
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 6 13. 1889
4. Place of Birth (Street and Number)	17 W Lombard
5. Full Name of Mother	Pauline
6. Mother's Maiden Name	Marens
7. Mother's Birthplace	Germany
8. Full Name of Father	Adolphus Cohn
9. Father's Occupation	Clothier
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr Wm H Dellinger
Address	949 Madison Ave
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 97690

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, 14th of Aug

4. Place of Birth (Street and Number), 16 E Gaudaut ave

5. Full Name of Mother, Eliza A Gessit

6. Mother's Maiden Name, E A Orrin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William M Gessit

9. Father's Occupation, Shipping Clerk

10. Father's Birthplace, Do

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH. 97691.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Octob. 14 87.
4. Place of Birth (Street and Number) 12 S. Pine St.
5. Full Name of Mother Emma
6. Mother's Maiden Name Weber
7. Mother's Birthplace Balto Co.
8. Full Name of Father Wm. F. Handley
9. Father's Occupation Carpenter
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. J. Silverwood M.D.

Address 949 Mattison ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th 9'1892.
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 15th 1887
4. *Place of Birth, (Street and Number)*	No 2216 Cambridge Street
5. *Full Name of Mother,*	Mary B McShana.
6. *Mother's Maiden Name,*	Mary B Taylor.
7. *Mother's Birthplace,*	Wiyconico Co.
8. *Full Name of Father,*	James McShana
9. *Father's Occupation,*	Seaman.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Sarah P. Harrington
Address,	No 924 Binney Street.
Remarks,	

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH 9,693.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 15th 1887

4. Place of Birth, (Street and Number) No 118 Cross st

5. Full Name of Mother, Elizabeth Welch

6. Mother's Maiden Name, Elizabeth Brent

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Welch

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Catherine Kearney

Address, No 1517 Byrd st

Remarks

RETURN OF A BIRTH 97694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	16th October
4. Place of Birth (Street and Number),	1114 Thomson st
5. Full Name of Mother,	Elizabeth Brill
6. Mother's Maiden Name,	Gribel
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Baldosa Brill
9. Father's Occupation,	Gabent
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Bashor
Address,	1016 E. Fairmount st
Remarks,	

...g Co., City Printers and Stationers.

RETURN OF A BIRTH

Blue 97695.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Reinhold William ~~Dufloss~~ Duffenbach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Oct 16 1895
4. Place of Birth, (Street and Number) 504 S. Caroline
5. Full Name of Mother, Sophie W. Duffenbach
6. Mother's Maiden Name, " " Meyer
7. Mother's Birthplace, Md
8. Full Name of Father, Wm. Duffenbach
9. Father's Occupation Wirestringer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. D L Phillips

Address, 2426 E Biddle

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 97696.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 17th
4. Place of Birth, (Street and Number)	New No 104 N Eden St
5. Full Name of Mother,	Kate Martin
6. Mother's Maiden Name,	Kate Koenig
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Richard Martin
9. Father's Occupation,	Printer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Goetzke
Address,	114 S Bond St.
Remarks	

, City Printers and Stationers.

RETURN OF A BIRTH 9769.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	17th October
4. Place of Birth (Street and Number),	1117 Lombard st
5. Full Name of Mother,	Maggie Mary Gutman
6. Mother's Maiden Name,	Boeling
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Paul Hermann Gutman
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Cassel
Address,	1016 E. Lombard st.
Remarks,	

...ng Co., City Printers and Stationers.

RETURN OF A BIRTH 97698.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 te und 4 te

1. Sex, (state whether male or female) 2 Mädchen
2. Race or color, (if not of the white race) Weiße
3. Date of Birth, 12 ten Oktober 1897
4. Place of Birth, (Street and Number) Elisabeth Elle str 11
5. Full Name of Mother, Maja Sofrienn
6. Mother's Maiden Name, Basler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Franz Sofrienn
9. Father's Occupation, Werkmann
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Hill Street 56 & 58 Caroline Ishway

Remarks,

Failure to file this Return within the time prescribed by Ordinance, is punishable by a fine of not less than Five nor more than Fifty Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

9-699.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Arthur Stiles Robinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Oct. 17. 1887

4. Place of Birth (Street and Number), 11 S. Exeter

5. Full Name of Mother, Mrs Ella Cade Robinson

6. Mother's Maiden Name, Miss Ella Cade

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, George Wilford Robinson

9. Father's Occupation, Engineer in U. S. Navy

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. A. Glanville Clark M.D.

Address, 1000 E. Balt. St.

Remarks, Patient delivered

RETURN OF A BIRTH 97700.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 17th

4. Place of Birth, (Street and Number) 808 E Pratt St.

5. Full Name of Mother, Kate Livingstone

6. Mother's Maiden Name, Kate Taylor

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philipp Livingstone

9. Father's Occupation, Liquor Dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Ina Goetze

Address, 114 S Bond St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 97701.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. nd

1. Sex (state whether male or female), Signalo

2. Race or Color (if not of the white race), Colore

3. Date of Birth, 17 [illegible] Balt. 10 Bowers Court

4. Place of Birth (Street and Number),

5. Full Name of Mother, Lanar Tucker

6. Mother's Maiden Name, Laura Martin

7. Mother's Birthplace, Virginia

8. Full Name of Father, Henry Tucker

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Rebecca Greenwood

Address, 619 Gelston Court

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] City Printers and Stationers

RETURN OF A BIRTH 97702.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White Child

3. Date of Birth, Monday the 17

4. Place of Birth (Street and Number), 121 Lady Lane

5. Full Name of Mother, Mary Ann Shea

6. Mother's Maiden Name, ...

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Shea

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ann Taylor

Address, 1 E Guilford Ave

Remarks, ...

ing Co., City Printers and Stationers

RETURN OF A BIRTH 97703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 10/4

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Oct. 19 11/12 1887 — 1.30 A. M.

4. Place of Birth (Street and Number), 926 N. Mount St.

5. Full Name of Mother, Eliza M. Walker

6. Mother's Maiden Name, Lambdin

7. Mother's Birthplace, Dorchester Co. Md.

8. Full Name of Father, John W. Walker

9. Father's Occupation, Grader.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. E. P. McGee M.D.

Address, 602 N. Carey St.

Remarks,

ng Co., City Printers and Stationers

RETURN OF A BIRTH 97704.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birth Oct 20 1857

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Oct 20 1857.

4. Place of Birth (Street and Number), 507 Register St.

5. Full Name of Mother, Kate Kuchemeister

6. Mother's Maiden Name, Kate Kirchner

7. Mother's Birthplace, Germany

8. Full Name of Father, John Kuchemeister

9. Father's Occupation, Grocer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Arend

Address, 4 N. Dond Ro Ge St

Remarks, No 1

...ng Co., City Printers and Stationers.

RETURN OF A BIRTH 9,705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 8
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	october th 19
4. *Place of Birth, (Street and Number)*	York St No 311
5. *Full Name of Mother,*	margret kahay
6. *Mother's Maiden Name,*	Margret [illegible] Farrell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mark kahay
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	ireland
Name of Medical Attendant, or other person who makes this Return.	Mr R Lowsley
Address,	No 213 Booth St
Remarks,	Doing well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 97706.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 19th 87
4. Place of Birth (Street and Number)	413. Fish St. Balto Co.
5. Full Name of Mother	Mary Irene King
6. Mother's Maiden Name	" " Thomas
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thos. Allibone King
9. Father's Occupation	Minister of the Gospel
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Addison C. Fox, M.D.
Address	504 W Fayette St
Remarks	Balto, Md.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 97707.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 19th

4. Place of Birth, (Street and Number) 153 E Fall St

5. Full Name of Mother, Mary Kurtz

6. Mother's Maiden Name, Mary Kodel

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Kurtz

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetze

Address, 153 E Fall St

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH 97708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 19 1897

4. Place of Birth, (Street and Number) 816 George St

5. Full Name of Mother Sarah Kraft

6. Mother's Maiden Name, Lynch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William C Kraft

9. Father's Occupation, Boiler-Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Thomas Cahill

Address, 600 N Howard St

Remarks,

RETURN OF A BIRTH.

~~4 9 0 9~~
97709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female ; Colored
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* aetber 20
4. *Place of Birth (Street and Number)* 832 Robert st Balt Md
5. *Full Name of Mother* Harriet gipsin
6. *Mother's Maiden Name* Moore Hakins
7. *Mother's Birthplace* Esbin Shaw Md
8. *Full Name of Father* Harrison Carter
9. *Father's Occupation* Market man
10. *Father's Birthplace* Accomac County Va

Name of Medical Attendant, or other Person who makes this return Harriet gipsin

Address 824 Robert st

Remarks non

5 Dollar

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97710.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. *Sex (~~state whether male or~~ female),*
2. *Race or Color (~~if not of the~~ white race),*
3. *Date of Birth,* Oct 21st 87.
4. *Place of Birth (Street and Number),* 17 N Liberty St.
5. *Full Name of Mother,* Sarah E. Webb.
6. *Mother's Maiden Name,* Sarah E. Wilson
7. *Mother's Birthplace,* Balto City. Md.
8. *Full Name of Father,* John L. D. Webb.
9. *Father's Occupation,* Locksmith & Bellhanger
10. *Father's Birthplace,* Balto City Md.

Name of Medical Attendant, or other person who makes this Return. John L. C. Wood M.D.

Address, 662, W Lexington St.

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, 18 October 1887

4. Place of Birth (Street and Number), Balt. Pine st 1014

5. Full Name of Mother, Hannah Cook

6. Mother's Maiden Name, Hannah Allen

7. Mother's Birthplace, West River

8. Full Name of Father, Stephen Cook

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return. Rebecca Greenwood

Address, 1019 Gelston Court

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH, 97712.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	Oct. 25th 1887
4. *Place of Birth, (Street and Number)*	216 S Eutaw St.
5. *Full Name of Mother*	Mrs Eliza Smith
6. *Mother's Maiden Name*	Miss Elizabeth Ripley
7. *Mother's Birthplace*	Balto County
8. *Full Name of Father*	Wm Smith
9. *Father's Occupation*	Stonecutter
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	James A Tichby
Address	419 N Saratoga St
Remarks	

RETURN OF A BIRTH 9771 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 20 of Oct 1887
4. Place of Birth (Street and Number),	No 601 Pine Place
5. Full Name of Mother,	Annie K Bridgman
6. Mother's Maiden Name,	Annie Kenny
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Albert Bridgman
9. Father's Occupation,	Bookbinder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Eh Lauer
Address,	No 1059 Hanford Ave
Remarks,	Bal Md
	1887

ing Co., City Printers and Stationers

RETURN OF A BIRTH 9714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 10 Child
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 20 of Oct 1887
4. Place of Birth (Street and Number),	No 922 Eutaw and Ensor St
5. Full Name of Mother,	Mary Ann
6. Mother's Maiden Name,	Mary Ann
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Ad
9. Father's Occupation,	Tavern
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Dr Lauer
Address,	No 105 Stanford Ave
Remarks,	Bal Md 1887

ing Co., City Printers and Stationers

RETURN OF A BIRTH.

97715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	-
3. Date of Birth	Oct 21 1897
4. Place of Birth (Street and Number)	904 E. Chase St
5. Full Name of Mother	Catherine Roll
6. Mother's Maiden Name	Catherine Wellhelm
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Roll
9. Father's Occupation	Gen. Cartage
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or Other Person who makes this Return.	F. A. Warner M.D.
Address	1123 Valley St
Remarks	

RETURN OF A BIRTH 97716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct the 21st 1887

4. Place of Birth, (Street and Number) Arlington Ave No 248

5. Full Name of Mother, Mary E J Deih

6. Mother's Maiden Name, " " Gaar

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo W Deih

9. Father's Occupation, Saloon

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr A Godley

Address. 1004 Lexington St

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven Child
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 22 " 1887.
4. Place of Birth, (Street and Number)	No 1805 Eastern Av.
5. Full Name of Mother,	Frances Clemson
6. Mother's Maiden Name,	" Colom
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Richard Henry Clemson
9. Father's Occupation,	Police
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Av.
Remarks,	

RETURN OF A BIRTH 97718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male or female)

2. Race or color, (~~if not of~~ the white race)

3. Date of Birth, October 23 1887.

4. Place of Birth, (Street and Number) No 1011 N. Wolf st,

5. Full Name of Mother, Priscilla H. Coleman

6. Mother's Maiden Name, " " Manly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry C. Coleman

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Scott M.D.

Address, 1423 E. Baltimore st

Remarks,

RETURN OF A BIRTH 97119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	23rd October
4. Place of Birth (Street and Number),	1012 Styles st
5. Full Name of Mother,	Bettie Sauerbrun
6. Mother's Maiden Name,	Smith
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Sauerbrun
9. Father's Occupation,	Printer
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Gosper
Address,	1016 E. Monument st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recovered.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First 97720

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Sunday Oct 28 87

4. Place of Birth, (Street and Number) 76½ Chestnut alley

5. Full Name of Mother, ~~Maria Carter~~

6. Mother's Maiden Name, Maria Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos Carter

9. Father's Occupation, Laborer

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. Dr Mahon

Address, Park Ave & Mulberry St

Remarks, Cesarean Section performed by Dr Jno. G. Lay

for each offence to be recovered as other fines are recovered by law.

City Printers and Stationers.

RETURN OF A BIRTH

9772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	October 6th 1897
Place of Birth, (Street and Number)	216 Amity St
Full Name of Mother,	Annie Williams
Mother's Maiden Name,	Annie Newton
Mother's Birthplace,	Baltimore Md
Full Name of Father,	James Williams
Father's Occupation,	Salesman
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Geo. Gillis M.D.
Address,	487 N Bradle St
Remarks,	Being Called to attend any Father of Salisbury Md in Labor illness delayed this Report Dr Gillis

...RS AND STATIONERS

GIVEN NAME ADDED 12-22-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louisa Elenora Knefley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st 97724
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 11th/87
4. Place of Birth, (Street and Number)	1815 Barclay
5. Full Name of Mother,	Mary Elizabeth Knefley
6. Mother's Maiden Name,	Mary E. Leithiser
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Charles Knefley
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Edmund Gobby M.D.
Address,	431 E. Townsend St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 97723.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 12th 1887

4. Place of Birth, (Street and Number) 907 Hope Alley

5. Full Name of Mother, Louisa Steiner

6. Mother's Maiden Name, Francis Gerding

7. Mother's Birthplace, Europe

8. Full Name of Father, John C. Steiner

9. Father's Occupation, Mechanic

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. H B Arie MD

Address, 301 Haven av

Remarks,

RETURN OF A BIRTH 99124

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 "

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 12th 1897

4. Place of Birth, (Street and Number) 30 S. High st.

5. Full Name of Mother, Anastasia Celestine Butler

6. Mother's Maiden Name, " " Corcoran

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, Louis J. Butler

9. Father's Occupation, Driver

10. Father's Birthplace, Balto. md

Name of Medical Attendant, or other Person who makes this Return P. J. Donachue MD

Address, 1727 E. Balto st.

Remarks,

[illegible] PRINTERS AND STATIONERS

RETURN OF A BIRTH 97124

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 "

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct. 12 - 1897

4. Place of Birth, (Street and Number) 30 S. Edward St

5. Full Name of Mother, Barbara Catherine Ruth

6. Mother's Maiden Name, " " Emerson

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, James L. Ruth

9. Father's Occupation, Grocer

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return E. E. Jamesson

Address, 1727 E. Baltimore St.

Remarks,

CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 13 — 1887.
4. Place of Birth (Street and Number),	1050 Howard st
5. Full Name of Mother,	Lizzie Claassen
6. Mother's Maiden Name,	Fersch.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Adolph Claassen
9. Father's Occupation,	Porter
Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohmeyer Midwife.
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than $5 nor more than $20 for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 9726.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th to leave last

Sex, (state whether male or female) Both Male.

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, 16th of Oct

4. Place of Birth, (Street and Number) 26th Low Alley

5. Full Name of Mother, Martha Morton

6. Mother's Maiden Name, Martha Snyder

7. Mother's Birthplace, Lancaster County

8. Full Name of Father, Jasper Newton

9. Father's Occupation, Stevedore

Father's Birthplace, Tennessee

Name of Medical Attendant, or other Person who makes this Return. Lizzie Peters Medical

Address, 27 South Bethel St between Lombard Baltimore

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act shall forfeit and pay for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 97727.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child.
Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 16 — 1887.
4. Place of Birth (Street and Number),	1049 James Alley.
5. Full Name of Mother,	Clara Jung
6. Mother's Maiden Name,	Schreder.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Charles Jung.
9. Father's Occupation,	Carvers
Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97728.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 17 — 1887.
4. Place of Birth (Street and Number),	1129 Hanover st.
5. Full Name of Mother,	Ellen Swine.
6. Mother's Maiden Name,	Cristel.
7. Mother's Birthplace,	Ireland.
8. Full Name of Father,	Patrick Swine.
9. Father's Occupation,	Laborer.
Father's Birthplace,	Ireland.
Name of Medical Attendant, or other person who makes this Return.	J. Lohmaier. Midwife.
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ... for each offence, to be recovered as other fines and forfeitures are recoverable.

ng Co., City Printers and Stationers.

RETURN OF A BIRTH 97729

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Louise Passmore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 18th/87
4. Place of Birth, (Street and Number)	1713 Bursay St
5. Full Name of Mother,	Laura Virginia Passmore
6. Mother's Maiden Name,	Laura V. Gilmanan
7. Mother's Birthplace,	New York
8. Full Name of Father,	John Robert Passmore
9. Father's Occupation,	R.R. Conductor
Father's Birthplace,	York Pa.
Name of Medical Attendant, or other Person who makes this Return.	Edmund C. Gibbs M.D.
Address,	431 E. Fayette St.
Remarks,	

of persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a penalty of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 97730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 19 1887.
4. Place of Birth (Street and Number),	404 Stockholm st.
5. Full Name of Mother,	Mary McCalton.
6. Mother's Maiden Name,	Scott.
7. Mother's Birthplace,	America.
8. Full Name of Father,	William McCalton.
9. Father's Occupation,	Glass blower.
Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97731.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 19th 1887

4. Place of Birth, (Street and Number) 942 N. Bond st

5. Full Name of Mother, Mary Reinhardt

6. Mother's Maiden Name, Mary Reinhardt

7. Mother's Birthplace, New York State

8. Full Name of Father, Peter Reinhardt

9. Father's Occupation, Carriage and Wagon Manufacturer

10. [redacted]'s Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C. C. Lancaster

Address, 1727 E. Baltimore st.

Remarks,

00 CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99732.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, October 19? 1887

4. Place of Birth, (Street and Number) Concord St. N° 909

5. Full Name of Mother, Laura Jane White

6. Mother's Maiden Name, " " Mann

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Algie White

9. Father's Occupation, Shoemaker.

10. Father's Birthplace, Phila. Penna.

Name of Medical Attendant, or other Person who makes this Return. Mrs Howden

Address, N° 936 Lexington St.

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97733.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 20th 1887

4. Place of Birth, (Street and Number) 409 S. Exeter

5. Full Name of Mother, Kate Cecilia Collins

6. Mother's Maiden Name, " " Logan

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William Patrick Collins

9. Father's Occupation, Furniture dealer

10. Father's Birthplace, Portsmouth Va

Name of Medical Attendant, or other Person who makes this Return P. L. Dieuaide

Address, 1727 E. Baltimore St.

Remarks,

10—CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Oct 21st 1897

4. Place of Birth (Street and Number), 1722 Hanover st

5. Full Name of Mother, Mary Carrigan

6. Mother's Maiden Name, Mary Doehle

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, Charles Carrigan

9. Father's Occupation, Car Conductor

Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1616 N Charles st

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 21st
4. Place of Birth (Street and Number), 139 Camden St
5. Full Name of Mother, Kate Hirschman
6. Mother's Maiden Name, Kate Dirken
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst R. Hirschman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, Hollyoda Clefe

Remarks, 529 Columbia Ave

the Commissioner of Health, in the manner [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, October 24 1887
4. Place of Birth (Street and Number), c/o ~~[illegible]~~ 1. E. Randall st
5. Full Name of Mother, Isabell Barbine
6. Mother's Maiden Name, Isabell Crawford
7. Mother's Birthplace, Montgomery Co. md
8. Full Name of Father, Jacob Barbine
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Eastern Shore of Maryland

Name of Medical Attendant, or other person who makes this Return. E Pinton

Address, c/o. 16 16 South Charles st

Remarks,

the Commissioner of Health, in the manner and within the time prescribed by the [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seventh

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct. 22nd 11 P. M. 1887
4. Place of Birth, (Street and Number) 520 Biddle Alley
5. Full Name of Mother, Christina Ginter
6. Mother's Maiden Name, " " " Hecht
7. Mother's Birthplace, Baltimore city Md.
8. Full Name of Father, George Ginter
9. Father's Occupation, Assistant Undertaker
10. Father's Birthplace, Baltimore city Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Kate A. Greiglein

Address, 814 Vine street

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9/7/38.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race).	White
3. Date of Birth,	Oct 11th
4. Place of Birth (Street and Number),	1605 Sommerset
5. Full Name of Mother,	Minnie Shader
6. Mother's Maiden Name,	" Bahr
7. Mother's Birthplace,	Harford Co
8. Full Name of Father,	William Shader
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Halifax
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Brown
Address,	940 N Gay St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 13th
4. Place of Birth (Street and Number),	855 Webster st
5. Full Name of Mother,	Alice Kelly
6. Mother's Maiden Name,	Donnelly
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thomas Kelly
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gross
Address,	940 N Gay st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...lding Co., City Printers and Stationers.

RETURN OF A BIRTH 9.7740.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 14th
4. Place of Birth (Street and Number),	200 Caroline st
5. Full Name of Mother,	Maggie Zimmer
6. Mother's Maiden Name,	A Myers
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John H Zimmer
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Young
Address,	914 E Gay st
Remarks,	

For each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 18th 87
4. Place of Birth, (Street and Number) 821 Neighbor St.
5. Full Name of Mother, Amelia Phillips
6. Mother's Maiden Name, " Youngheim
7. Mother's Birthplace, City
8. Full Name of Father, Chas. Phillips
9. Father's Occupation, Bar Keeper
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Edwin B. Fenby, M.D.

Address, 1201 E. Eden St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...o. City Printers and Stationers.

RETURN OF A BIRTH 97742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~22~~ 22 October 1887

4. Place of Birth, (Street and Number) Baltimore 418 Wahaye St.

5. Full Name of Mother, Lizzie Bolden

6. Mother's Maiden Name. Lizzie Johnson

7. Mother's Birthplace, Virginia

8. Full Name of Father, James Bolden

9. Father's Occupation, Shipcooker

10. Father's Birthplace, Howard County

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address, 1524 Boyd St Baltimore md

Remarks, Mother is doing well but the child is ailing.

For each offence to be recovered as other fines and forfeitures are recovered.

City Printers and Stationers.

RETURN OF A BIRTH 9774.3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Eighth (8th)

1. Sex (state whether ~~male~~ or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, October 23rd 1887

4. Place of Birth (Street and Number), No. 1538 Orleans St. Cor Bond St

5. Full Name of Mother, Mrs. Catharine Fuhrer

6. Mother's Maiden Name, Miss Catharine Beckel

7. Mother's Birthplace, Germany

8. Full Name of Father, Mr. Elias Fuhrer

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. H. Clendenin M.D.

Address, No. 418 N. Broadway

Remarks, Nurse, Mrs. Mary E. Miller, No. 114 N. Dallas St.

For each offence, to be recovered as other fines and forfeitures are recovered by law.

Mayer Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 9744

1. Sex, (~~state whether male or~~ female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 24th/57

4. Place of Birth, (Street and Number) 452 Pinkney Place

5. Full Name of Mother, Kate Mary Steiner

6. Mother's Maiden Name, Kate Mary Rohlfing

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Steiner

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edmund C. Tebbs M.D

Address, 431 E. Fayette St

Remarks, Contracted Pelvis. Delivered with Tarnier Forceps (high operation) Duration of labor - 12 hours

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 9745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Oct 2 1887

4. Place of Birth, (Street and Number) 1036 Rice st

5. Full Name of Mother, Eunice Smith

6. Mother's Maiden Name,

7. Mother's Birthplace, Washington D C

8. Full Name of Father, Edward Smith

9. Father's Occupation, Laborer Mar

Father's Birthplace, Accomack Co Va

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, 1121 Saratoga st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 07746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Oct 2/87

4. Place of Birth (Street and Number), 507 N Eutaw St

5. Full Name of Mother, Elizabeth A. Harris

6. Mother's Maiden Name, " " Levett

7. Mother's Birthplace, Balto Co Md

8. Full Name of Father, William C. Harris

9. Father's Occupation, Engineer

10. Father's Birthplace, Mayfield Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Aisquith St.

Remarks,

for each change, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 99747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct. 3/87
4. Place of Birth (Street and Number),	913 Greenmount. ave.
5. Full Name of Mother,	Mary A. Allwine
6. Mother's Maiden Name,	" " Fitzpatrick
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John C. Allwine
9. Father's Occupation,	Saloon-Keeper.
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Edward P. McDevitt
Address,	258 Aisquith st
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH 97748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex*, (State whether male or female)	Male
2. *Race or color*, (if not of the white race)	White
3. *Date of Birth*,	October 4th 1887
4. *Place of Birth*, (Street and Number)	716 Ramsay St
5. *Full Name of Mother*,	Margaret Peake
6. *Mother's Maiden Name*,	Buechman
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	William H. Peake
9. *Father's Occupation*,	Currier
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. H. Siddall M. D.
Address,	S E Cor Caroline & Eager Sts
Remarks,	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97749.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct. 7/87
4. Place of Birth (Street and Number),	#245 N. Gilmor St.
5. Full Name of Mother,	Mrs. Ella M. Meade
6. Mother's Maiden Name,	" Hardesty
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John L. Meade
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Anne Arundel Co Md
Name of Medical Attendant, or other person who makes this Return.	T. C. Worthington
Address,	846 W Fayette / Balto
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH 97750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female).*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 7th 1897
4. *Place of Birth, (Street and Number)*	1712 E Eager St
5. *Full Name of Mother,*	Ottelia Elrod
6. *Mother's Maiden Name,*	Merchel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Elrod
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr H Heldenbrand
Address,	S E Cor Caroline & Eager Sts
Remarks,	

,,

RETURN OF A BIRTH 97751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 8. 1887

4. Place of Birth, (Street and Number) 151 Montgomery St.

5. Full Name of Mother, Annie Selzenfeld

6. Mother's Maiden Name, Anna Flecker

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Selzenfeld

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Gilmore M.D.

Address, 301 Thames St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 97752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second child

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) colored child

3. Date of Birth Oct. 8. 1897

4. Place of Birth, (Street and Number) 1405 Lemon st

5. Full Name of Mother, Maria Roberts

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Lancaster County, Va

8. Full Name of Father, Jack Roberts

9. Father's Occupation, Brick Maker

10. Father's Birthplace, accomack Co Va

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, 1121 Saratoga st

Remarks,

GIVEN NAME ADDED 6-12-56

RETURN OF A BIRTH 97753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton Meyer —— Rothschild

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 16th 1881
4. Place of Birth, (Street and Number)	711 N. Baltimore St
5. Full Name of Mother,	Isabella Rothschild
6. Mother's Maiden Name,	Jacobi
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Theodore Rothschild
9. Father's Occupation,	Banker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	V. W. Selznet M. D.
Address,	S. E. Cor. Caroline & Eager Sts
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

97754

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Oct. 10th 1887

4. Place of Birth, (Street and Number) E. Pratt st.

5. Full Name of Mother, Mary Heiman

6. Mother's Maiden Name.

7. Mother's Birthplace, Europe

8. Full Name of Father, Aaron Heiman

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third child 97758

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) Colored C

3. Date of Birth oct. 11, 1887

4. Place of Birth, (Street and Number) 8 vincent st

5. Full Name of Mother, alberta Handy

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm H Redmond

9. Father's Occupation, Laborer man

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Gardner

Address, 1121 Saratoga City

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 9775.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Oct. 11th 1887

4. Place of Birth, (Street and Number) ~~Hartel Klein~~ Albemarle st

5. Full Name of Mother, Rachel Klein

6. Mother's Maiden Name.

7. Mother's Birthplace, Europe

8. Full Name of Father, Mendel Klein

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 99757.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race),
3. Date of Birth, Oct. 11 '87
4. Place of Birth (Street and Number), 417 E. Fremont st.
5. Full Name of Mother, Annie S. Sweeny
6. Mother's Maiden Name, " " Cunliff.
7. Mother's Birthplace, Balto
8. Full Name of Father, John J. Sweeny
9. Father's Occupation, Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. Pinder

Address, 208 Aisquith st.

Remarks, All the males if they had a vote would vote the straight ticket.

Co., City Printers and Stationers.

RETURN OF A BIRTH 97758.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	Oct 13 1887
Place of Birth, (Street and Number)	825 China Street
Full Name of Mother,	Martha Harris
Mother's Maiden Name,	Martha Mason
Mother's Birthplace,	Baltimore
Full Name of Father,	Joseph Harris
Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Ann Brown
Address,	827 China street
Remarks,	

AND STATIONERS

RETURN OF A BIRTH 97757.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, October 13th 1882
4. Place of Birth, (Street and Number) N. Bond St No 206
5. Full Name of Mother, Carolina Falk
6. Mother's Maiden Name, Carolina Beste
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Falk
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

...TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Oct. 14th 1887

4. Place of Birth, (Street and Number) 115 Front st.

5. Full Name of Mother, Pauline Goldberg

6. Mother's Maiden Name.

7. Mother's Birthplace, Europe

8. Full Name of Father, Simon Goldberg

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 12 S. Exeter st.

Remarks.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 9 9 61

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct 16th 1887
4. Place of Birth, (Street and Number) 218 Hennens Alley.
5. Full Name of Mother, Julia Bolger
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Bolger
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address 112 S. Exeter St.

Remarks,

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH 97762.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex. (state whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, October 16th 1887
4. Place of Birth, (Street and Number) Gough St No 1831
5. Full Name of Mother, Jenny Miller
6. Mother's Maiden Name, Jenny Schüler
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Miller
9. Father's Occupation, Box cutter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 16th, 1897

4. Place of Birth, (Street and Number) 1 E. Lanvale St.

5. Full Name of Mother, Mary Buchler

6. Mother's Maiden Name. Gurley

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Thomas E. Buchler

9. Father's Occupation, Police Officer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. W. J. Gould, M.D.

Address, 111 S. Broadway

Remarks, [illegible]

City Printers and Stationers.

RETURN OF A BIRTH.

77764

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct. 17. 1887
4. *Place of Birth (Street and Number)* Duncan Alley No 916
5. *Full Name of Mother* Annie Johnson
6. *Mother's Maiden Name* Annie Gray
7. *Mother's Birthplace* Caulbert County
8. *Full Name of Father* Charles Johnson
9. *Father's Occupation* Trucker & Dealer
10. *Father's Birthplace* Dist Columbia

Name of Medical Attendant, or other Person who makes this Return Miss Howard

Address 902 Duncan Alley

Remarks X X X

RETURN OF A BIRTH 97765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	October 17 Th 1887
1. Sex (state whether male or female),	White
2. Race or Color (if not of the white race),	Male child
3. Date of Birth,	17 October 1887
4. Place of Birth (Street and Number),	Fayette Street No 33
5. Full Name of Mother,	Mrs morris
6. Mother's Maiden Name,	miss May McGlain
7. Mother's Birthplace,	County mayo Ireland
8. Full Name of Father,	Mister morris
9. Father's Occupation,	Laborer
10. Father's Birthplace,	County Galway Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Hunter
Address,	23 N Fayette St
Remarks,	

Co., City Printers and Stationers.

GIVEN NAME ADDED 3-11-60

RETURN OF A BIRTH.

9966.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

	Gertrude Ethel Thornton
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 18th 1887
4. Place of Birth (Street and Number)	1611 Edmondson Avenue
5. Full Name of Mother	Mary Elizabeth Thornton
6. Mother's Maiden Name	Mary Elizabeth Summerville
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James Stephen Thornton
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	P. S. Field M D
Address	1637 Edmondson Avenue
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 97767.

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct 18th 1897
4. Place of Birth, (Street and Number) 92 E. Lombard st
5. Full Name of Mother, Mollie Kaplan
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Kaplan
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address 122 S. Exeter st

Remarks,

[redacted] PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

97768

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child	Helen Rebecca ~~Watkins~~
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 12th, 1887.
4. Place of Birth (Street and Number)	No. 410 N. Poppleton St.
5. Full Name of Mother	Helen Isadore (Watkins Wierman
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Thomas Edward Watkins
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	No. 414 N. Greene St.
Remarks	

RETURN OF A BIRTH 97769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)	First
Sex. (State whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	Oct 18–1897
Place of Birth, (Street and Number)	17 Lafayette Ave
Full Name of Mother.	Lucy E. Crowe
Mother's Maiden Name.	Lucy E. Douglas
Mother's Birthplace,	Litchfield Conn —
Full Name of Father.	Chas S. Crowe —
Father's Occupation,	Supt. State Hosp
Father's Birthplace,	England
Name of Medical Attendant, (or other Person who makes this Return)	J. H. Clark M. D
Address,	1907 N. Eutaw
Remarks,	

RETURN OF A BIRTH 97770.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth:	Oct. 19th 1887
4. Place of Birth (Street and Number),	No. 19 N. Fremont St.
5. Full Name of Mother,	Anna C. Hofstetter
6. Mother's Maiden Name,	Anna C. Leinbier
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	H. Hofstetter
9. Father's Occupation,	Provision Dealer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N. Payson St
Remarks,	

ng Co., City Printers and Stationers.

RETURN OF A BIRTH 9771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Oct 19/87

4. Place of Birth (Street and Number), Fulton Ave 3 door from Pennsa

5. Full Name of Mother, Emma E. Weis

6. Mother's Maiden Name, Emma E. Mauk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry W. Weis

9. Father's Occupation, Clerk

10. Father's Birthplace, St. Louis

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pennsylvania Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 97772

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 20th 1887
4. Place of Birth, (Street and Number) 1230 Mosher st
5. Full Name of Mother, Harriet E. Mosher
6. Mother's Maiden Name, " " Spaun
7. Mother's Birthplace, Albany N. Y.
8. Full Name of Father, Frederick Irving Mosher
9. Father's Occupation, Salesman & Bookkeeper
10. Father's Birthplace, Auburn N. Y.

Name of Medical Attendant, or other Person who makes this Return. J Harvey Still MD

Address, 807 Arlington Ave.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 97773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 20th 1887.

4. Place of Birth, (Street and Number) 1035 Edmondson Ave

5. Full Name of Mother, Mary A. McNally

6. Mother's Maiden Name, " " Cooke

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Thos F. McNally.

9. Father's Occupation, Clerk

10. Father's Birthplace, Galway Ireland

Name of Medical Attendant, or other Person who makes this Return. James Bacon MD.

Address, 639 Arlington & Lafayette Ave

Remarks, GIVEN NAME ADDED 1-28-53 Gertrude M. McNally

, City Printers and Stationers.

RETURN OF A BIRTH 9774.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth,

Sex (state whether male or female), Female,

2. Race or Color (if not of the white race),

3. Date of Birth, Oct. 20. 1887

4. Place of Birth (Street and Number), 106 S. Patterson Park Ave.

5. Full Name of Mother, Mrs. Caroline Wilhelmina Maria Gustaves

6. Mother's Maiden Name, Miss Caroline Wilhelmina Maria

7. Mother's Birthplace, ~~Bitterberg~~ Wildbad, Germany

8. Full Name of Father, Peter Gustaves

9. Father's Occupation, Ship Broker

10. Father's Birthplace, Vegesack, Germany

Name of Medical Attendant, or other person who makes this Return. G. Glanville Rush M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

For each offence, to be recovered as other fines and forfeitures are recoverable.

Nies Co., City Printers and Stationers.

RETURN OF A BIRTH 97775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, October 20th 1887.
4. Place of Birth, (Street and Number) N. Dallas St No 108
5. Full Name of Mother, Maria Smith
6. Mother's Maiden Name, Maria Wicht
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Smith
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct. 21st 4 o'clock M.
4. Place of Birth (Street and Number),	820 N. Bals. St
5. Full Name of Mother,	Maria A Richman
6. Mother's Maiden Name,	Maria Ann Quigley
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	August William Reidman
9. Father's Occupation,	Painter
10. Father's Birthplace,	New York City
Name of Medical Attendant, or other person who makes this Return.	Mrs Hunter
Address,	23 N. Payne St
Remarks,	

g Co., City Printers and Stationers.

RETURN OF A BIRTH 97777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male ~~or female~~) [redacted]
2. Race or color, (if not of the white race) White
3. Date of Birth October 29th 1887
4. Place of Birth, (Street and Number) Orleans St No 1832
5. Full Name of Mother, Kate Smith
6. Mother's Maiden Name, Kate Ruben
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Smith
9. Father's Occupation, Can maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Male Child

2. Race or Color (if not of the white race), White Child

3. Date of Birth, 21 October 1887

4. Place of Birth (Street and Number), 1213 Mott st

5. Full Name of Mother, Maggie Hudson

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thomas H. Hudson

9. Father's Occupation, Ship Joiner

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address, 1230 Battery Ave

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 21th 1887
4. Place of Birth (Street and Number),	108 Fawn st. Baltimore
5. Full Name of Mother,	Mary Baker.
6. Mother's Maiden Name,	Mary Carey
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charley Baker
9. Father's Occupation,	Fire Department
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss Catharine Mitchell
Address,	112 Callendar Alley
Remarks,	

the Commissioner of Health, in the manner provided by the provisions of this section shall be subject to a fine of who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 21, 1847

4. Place of Birth, (Street and Number) 305 Jefferson St Ct

5. Full Name of Mother, Mandy Houston

6. Mother's Maiden Name, Mandy Holt

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Edward Houston

9. Father's Occupation, Laborer

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 439 Regester St

Remarks,

report its birth to the Commissioner of Health, in the
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct. 21/80.
4. Place of Birth (Street and Number),	904 Mulberry St
5. Full Name of Mother,	Mrs. Ettie L. Heald
6. Mother's Maiden Name,	" " Eimer
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Wm Heald
9. Father's Occupation,	Clerk B & O R R
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. C. Worthington M.D.
Address,	#840 W. Fayette St.
Remarks,	

...mber. Immediately upon registration, in the manner and within the period ... the Commissioner of Health, in the manner and within the period ... who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 97782.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 21 1887
4. *Place of Birth, (Street and Number)*	217 Park Patterson Park Av.
5. *Full Name of Mother,*	Minnie Larsan
6. *Mother's Maiden Name,*	" Ruppert
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Chas. Larsan
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Caroline Miller
Address,	160 S Walker St Balto Md.
Remarks,	

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 97783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 21st 1887
4. *Place of Birth (Street and Number),* 1850 Pennsylvania ave
5. *Full Name of Mother,* Sally Herman
6. *Mother's Maiden Name,* Sally Eaton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Herman
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Catharine Mitchell

Address, 112 Calendar Alley

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97784.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Oct 31, 1887
4. *Place of Birth (Street and Number),* 815 Grove St.
5. *Full Name of Mother,* Mary Suderman
6. *Mother's Maiden Name,* Mary Donnegan
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Suderman
9. *Father's Occupation,* Brakeman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Dwyer

Address, 716 Lafayette St.

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct. 21st 1897
4. Place of Birth, (Street and Number) 38 Harrison st
5. Full Name of Mother, Bertie Jacobs
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, S. Jacobs
9. Father's Occupation, Butcher
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...V & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seventh

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct. 22 11 o'clock P.M.
4. Place of Birth, (Street and Number) 520 Biddle Alley
5. Full Name of Mother, Christina Ginter
6. Mother's Maiden Name, " " Recht
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, George Ginter
9. Father's Occupation, Assistant Undertaker.
10. Father's Birthplace, Baltimore city

Name of Medical Attendant or other person who makes this Return. Mrs. Kate A. Geigleis

Address, 814 Vine street

Remarks,

Any person who shall neglect or refuse to report any birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

97187

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child one living 3

1. [redacted], (state whether male or female) female 1

2. Race or Color, (if not of the white race) Colard

3. Date of Birth, Saturday 22

4. Place of Birth, (Street and Number) No 927 Parish Alley

5. Full Name of Mother, Rebeca Spencer

6. Mother's Maiden Name,

7. Mother's Birthplace, Easton shore MD

8. Full Name of Father, Julis Turner

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore

[redacted]me of Medical Attendant, or other Person who makes this Return Mrs L Taverter

Address, Ellenz N 2069

Remarks, the cause of this still birth is caused by a fall a week ago

PRINTERS AND STATIONERS

RETURN OF A BIRTH 97788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the penalties imposed by law under Sec. [illegible] of Ordinance No. [illegible] approved [illegible] and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 29 1897
4. *Place of Birth, (Street and Number)* 1015 Bond Ave
5. *Full Name of Mother,* Ottela Albrecht
6. *Mother's Maiden Name,* Ottela Kunkle
7. *Mother's Birthplace,* Bond State
8. *Full Name of Father,* Charles H. Albrecht
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore city Md
11. *Name of Medical Attendant,* or other Person who makes this Return. E. K. Wiley MD
12. *Address,* 1405 W Lombard St City
13. *Remarks,* Premature birth. Period of utero gestation 6 or 7 months

Co., City Printers and Stationers.

RETURN OF A BIRTH 97789.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child
2. *Sex, (state whether ~~male or~~ female)* ~~male or~~ female
3. *Race or color, (if not of the white race)* White
4. *Date of Birth,* October 22nd 1887.
5. *Place of Birth, (Street and Number)* S. Caroline St No 263
6. *Full Name of Mother,* Maggie Akerman
7. *Mother's Maiden Name,* Maggie Wiegand
8. *Mother's Birthplace,* Baltimore City
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, October 22 At 1887
4. Place of Birth, (Street and Number) S. Eden St No 729
5. Full Name of Mother, Katharine Eversmeyer
6. Mother's Maiden Name, Katharine Mahle
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Fredrick Eversmeyer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N. Dallas St No 114

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 5 1887
4. Place of Birth (Street and Number),	No 1900 E. Chase St
5. Full Name of Mother,	Emma C. Phillipps
6. Mother's Maiden Name,	" " Schuchle
7. Mother's Birthplace,	Va
8. Full Name of Father,	Geo. P. Phillipps
9. Father's Occupation,	Tanner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allred
Address,	912 McDonough St
Remarks,	

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the same penalties for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9792.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 7 — 81
4. Place of Birth (Street and Number), 1904	1904 E. Eager St
5. Full Name of Mother,	Johanna. Daugherty
6. Mother's Maiden Name,	" Eagan
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Michael Daugherty
9. Father's Occupation,	Gas Fitter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary E. Allwell
Address,	912 McDonogh St
Remarks,	

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 7792.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 10 - 87
4. Place of Birth (Street and Number),	No 229 N. Broadway
5. Full Name of Mother,	Mollie Talbot
6. Mother's Maiden Name,	" Miller
7. Mother's Birthplace,	Pittsburg
8. Full Name of Father,	Leon A. Talbot
9. Father's Occupation,	Letter Carrier
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	C.
3. *Date of Birth,*	Oct 10 – 87
4. *Place of Birth (Street and Number),*	No 903 N. Wolfe St
5. *Full Name of Mother,*	Marcella Barber
6. *Mother's Maiden Name,*	" Ephrow
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas H. Barber
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donough St
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9 7 95

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	11th October
4. Place of Birth (Street and Number),	4.84 Druid Hill avenue
5. Full Name of Mother,	Lizzie Dickerman
6. Mother's Maiden Name,	Lizzie Whitney
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Will Dickerman
9. Father's Occupation,	Store Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Sadler
Address,	4.15 New St Balt
Remarks,	

The Attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 13 — 97
4. Place of Birth (Street and Number),	1109 N. Ann St
5. Full Name of Mother,	Amelia . Holler
6. Mother's Maiden Name,	" Silver
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John H. Holler
9. Father's Occupation,	Baker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwood
Address,	912 McDonough St
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97,97.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 15 — 87
4. Place of Birth (Street and Number),	No 2000 E. Fayette
5. Full Name of Mother,	Viola E. Tyler
6. Mother's Maiden Name,	" " Miller
7. Mother's Birthplace,	Va
8. Full Name of Father,	Thos. J. Tyler
9. Father's Occupation,	Can. Maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	913 McDonough St
Remarks,	

It shall become the duty of the person or parents of such child to report its birth to mother, immediately thereafter, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97798.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	15th October
4. Place of Birth, (Street and Number)	678 Columbia Ave
5. Full Name of Mother,	Hattie Wilson
6. Mother's Maiden Name,	Riley
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Edward Wilson
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Eastern Shore Md
Name of Medical Attendant, or other Person who makes this Return	A. L. Budington M.D.
Address,	718 N. Paca St.
Remarks,	

GIVEN NAME ADDED 2-25-52

RETURN OF A BIRTH

97799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dora Elsie Bader

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 16 – 87
4. Place of Birth (Street and Number),	901 N Wolfe St
5. Full Name of Mother,	Elizabeth Bader
6. Mother's Maiden Name,	" Mildner
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Bader
9. Father's Occupation,	Driver
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] the date and [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 10-24-50

RETURN OF A BIRTH

97800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Minnie Hester Burgan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 18 — 87
4. Place of Birth (Street and Number),	422 N. Wolfe St
5. Full Name of Mother,	Florence May Burgan
6. Mother's Maiden Name,	" " Gelzendanner
7. Mother's Birthplace,	Md
8. Full Name of Father,	Chas. M. Burgan
9. Father's Occupation,	Printer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

the attendance of a physician or practitioner. [illegible] insurer is shall become the duty of the person or parents of such child to report its birth to insurer, immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st the

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 20 the Octo 1887
4. *Place of Birth (Street and Number),* ~~[illegible]~~ 560 Wilson Sts
5. *Full Name of Mother,* Jn E. Gonce
6. *Mother's Maiden Name,* Jn E. Steine
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg E. Gonce
9. *Father's Occupation,* Dryer
10. *Father's Birthplace,* Cecil County

Name of Medical Attendant, or other person who makes this Return. Mrs W. Wannel Midwife

Address, 923 Penna ave

Remarks,

Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	20th October
4. Place of Birth, (Street and Number)	716 Ostend st
5. Full Name of Mother,	Annie Shipley
6. Mother's Maiden Name,	Jones
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	George Shipley
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return	C. L. Buckingham M.D.
Address,	718 S. Paca st.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 21 — 87
4. Place of Birth (Street and Number),	957 N. Wolfe St
5. Full Name of Mother,	Nettie Dickey
6. Mother's Maiden Name,	" Gardner
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wyinkoop Dickey
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

An attendance of a physician or [illegible] mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the same penalties for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 22 Oct 1897 9:30 A.

1. *Sex, (state whether male or female)* [redacted] male

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth.* 21 of Oct 1897

4. *Place of Birth, (Street and Number)* No 7 Bower ave

5. *Full Name of Mother,* Ida Johnson.

6. *Mother's Maiden Name,* Ida Johnson.

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father.* Will Broma

9. *Father's Occupation,* Oyster Dealer.

10. *Father's Birthplace,* Easton Md

Name of Medical Attendant, or other Person who makes this Return Eza Cornish

Address, 947 Hamby land

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 22 1887

4. Place of Birth, (Street and Number) 1434 Orleans St

5. Full Name of Mother, Mary E Schreiber

6. Mother's Maiden Name, " Hamble

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Schreiber

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Caroline Fuller

Address, 1803 Walker St City

Remarks,

In attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97806.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 first Child
1. Sex (state whether male or female),	Little Boy
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 22nd of October
4. Place of Birth (Street and Number),	No 2109 Calverton ave
5. Full Name of Mother,	Mrs Kate Schelin
6. Mother's Maiden Name,	Miss Klinunh. Miss " Not
7. Mother's Birthplace,	Born. Hanover Germany
8. Full Name of Father,	Schelin Born. Baltimore
9. Father's Occupation,	Shoe Maker
10. Father's Birthplace,	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9807.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether male or female),	Little Boy
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 22d October 1887
4. Place of Birth (Street and Number),	No. 207 Monroe st
5. Full Name of Mother,	Mrs. Miller
6. Mother's Maiden Name,	Miss. Mary Hittle
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr Henry Miller
9. Father's Occupation,	Miller by trade
10. Father's Birthplace,	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	2127 west Pratt st
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97808.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	October 22nd, 1887.
4. *Place of Birth (Street and Number),*	#915 Franklin St.
5. *Full Name of Mother,*	Frances Rebecca Russell
6. *Mother's Maiden Name,*	Frances Rebecca Phelps
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lewis H. Russell
9. *Father's Occupation,*	Cigar Packer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Susan Hunter
Address,	23 N Payne St
Remarks,	

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. Sex (state whether male or female),	Girl.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	22nd of October 1887.
4. Place of Birth (Street and Number),	213 North Caroel strut.
5. Full Name of Mother,	Mary Albert.
6. Mother's Maiden Name,	Mary Gloss.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Alphonse H. Gloss.
9. Father's Occupation,	Hoxster.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel.
Address,	213 North Chapel strut per Justina Kunkel
Remarks,	Healthy.

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be [illegible] for other fines and forfeitures are recoverable.

ons Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 8-26-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name — Victoria

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1849 9780

1. *Sex*, (state whether male or female) female
2. *Race or Color*, (if not of the white race) Color
3. *Date of Birth*, 22 of Oct 1851
4. *Place of Birth*, (Street and Number) No 941 Homily Lane
5. *Full Name of Mother*, Annie Easton
6. *Mother's Maiden Name*, Annie Murry.
7. *Mother's Birthplace*, East Dies
8. *Full Name of Father*, John Murry
9. *Father's Occupation*, Sailor
10. *Father's Birthplace*, Easton Shor

Name of Medical Attendant, or other Person who makes this Return Eg a Cornish

Address, 947 Homily Lane.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child.
1. Sex (state whether male or female),	Girl.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	22nd of October 1887
4. Place of Birth (Street and Number),	624 North Chapel street
5. Full Name of Mother,	Annie M. Böhm
6. Mother's Maiden Name,	Annie M. Lang.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John Lang.
9. Father's Occupation,	Pottery
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

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RETURN OF A BIRTH 97812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Birth
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	October 23rd 97
4. *Place of Birth (Street and Number),*	641 Gilman st
5. *Full Name of Mother,*	Mary Ellen Taylor
6. *Mother's Maiden Name,*	Higgins
7. *Mother's Birthplace,*	Sykesville, Carroll Co.
8. *Full Name of Father,*	James Oliver Taylor
9. *Father's Occupation,*	Painter ~~Baltimore, Md~~
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Susan Thompson
Address,	23 N Payson St
Remarks,	

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 97813.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1520 Aisquith Oct. 23, 1887
4. Place of Birth, (Street and Number) 1520 Aisquith
5. Full Name of Mother, Mary E. McComas
6. Mother's Maiden Name, Gosnell
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, J. R. McComas
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craighill

Address, 1720 N. Charles St.

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, &c.)

1. *Sex* (~~state whether male or~~ female), [illegible]
2. *Race or Color* (~~if not of the~~ white race), [illegible]
3. *Date of Birth,* Oct 23rd 1887
4. *Place of Birth (Street and Number),* 664 W Lexington St.
5. *Full Name of Mother,* Sophie Hahn.
6. *Mother's Maiden Name,* Sophie Cohen.
7. *Mother's Birthplace,* Baltimore City. Md
8. *Full Name of Father,* Herman Hahn.
9. *Father's Occupation,* Merchant,
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. John L. Ridgely. M.D

Address, 662. W Lexington St.

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97815.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parents of such child so reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 23rd 1895
4. Place of Birth (Street and Number),	1204 Cross St.
5. Full Name of Mother,	A Wise
6. Mother's Maiden Name,	A Moss
7. Mother's Birthplace,	Montreal, Canada
8. Full Name of Father,	George Wise
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cathell
Address,	1 & 6 Montgomery St.
Remarks,	

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attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9816.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male ~~or female~~) [redacted]
2. Race or color, (if not of the white race) White
3. Date of Birth, October 23d 1887
4. Place of Birth, (Street and Number) N. Castle St No 619
5. Full Name of Mother, ~~Hermann~~ Christine Maldeis.
6. Mother's Maiden Name, Christine Horn
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Herman L. Maldeis
9. Father's Occupation, Painter
10. Father's Birthplace, Schweitz. Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N Dallas St No 114

Remarks

RETURN OF A BIRTH 97817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, October 22nd. 87.

4. Place of Birth, (Street and Number) #421 S. Gilmor St.

5. Full Name of Mother, Sarah R. Clarke

6. Mother's Maiden Name, Sarah R. Robinson.

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Chas. E. Clarke.

9. Father's Occupation, Blacksmith.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. C. Hill M.D.

Address, Cor. Carrollton Ave & Fayette St.

Remarks,

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be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioners [illegible] in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97818.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3ds
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Whit
3. Date of Birth,	23ds of October 1887.
4. Place of Birth (Street and Number),	S. Chapl St 317.
5. Full Name of Mother,	Anna Ruppel
6. Mother's Maiden Name,	Anna Schmitt
7. Mother's Birthplace,	Baltimore M.D.
8. Full Name of Father,	Ferdinand Ruppel
9. Father's Occupation,	Trimmer
10. Father's Birthplace,	Baltimore M.D.
Name of Medical Attendant, or other person who makes this Return.	Mrs Sa Hill
Address,	Midwife 207 N. Castle St
Remarks,	

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 20, 1897
4. Place of Birth, (Street and Number) 711 S. Bond St.
5. Full Name of Mother, Louisa Hausenbauch
6. Mother's Maiden Name, Hendemann
7. Mother's Birthplace, Germany
8. Full Name of Father, Mary Hausenbauch
9. Father's Occupation, Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. W. J. Good, M.D.

Address, 111 S. Broadway

Remarks, Dr. Hc

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the penalty of ... for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 24 of Oct 1887
4. Place of Birth (Street and Number),	No 113 Eager St
5. Full Name of Mother,	Mary Handler
6. Mother's Maiden Name,	Mary Gassinger
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	August Gassinger
9. Father's Occupation,	Farmer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm Ed Simmons
Address,	No 1527 Maryland Ave
Remarks,	Balto Md
	1887

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 24th 1887
4. Place of Birth (Street and Number),	11a Pratt St Baltimore
5. Full Name of Mother,	Mary McCarty
6. Mother's Maiden Name,	Mary Clarke
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Michael McCarty
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs. Catharine Mitchell
Address,	112 Calvander Alley
Remarks,	

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RETURN OF A BIRTH 97822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

each and every month to the office of the Commissioner of Health. In case the birth is not attended by any physician, then the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 24th 1897
4. Place of Birth (Street and Number),	112 Holland Alley
5. Full Name of Mother,	Mary Bowers
6. Mother's Maiden Name,	Mary Watts
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Bowers
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Catharine Middleton
Address,	112 Holland Alley
Remarks,	

J. Publishing Co., City Printers and Stationers.

OVER PAGE FOR RECORD 10-17-52

RETURN OF A BIRTH 97823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Katie Miles

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 24th 1887
4. Place of Birth, (Street and Number) 430 S. Stricker st
5. Full Name of Mother, Carrie Miles
6. Mother's Maiden Name, Carrie Bassler
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, John Miles
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Kraning

Address, No 494 South Stricker St

Remarks, Mother and Child are doing well

Any person who shall neglect or refuse to report the birth of any child shall forthwith on conviction thereof be fined not less than five (5) dollars nor more than ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...5 & Co., City Printers and Stationers.

RETURN OF A BIRTH 97824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) mal.
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 24, 1887
4. Place of Birth, (Street and Number) 1317 E. Eager St
5. Full Name of Mother, Maggie Grau Bleyl
6. Mother's Maiden Name, " Werner
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo Grau Bleyl
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto Md.

Remarks,

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 9,825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Oct. 24/87

4. Place of Birth, (Street and Number) 1312 E. Baltimore

5. Full Name of Mother, Mary C. Hand

6. Mother's Maiden Name, " " Williams

7. Mother's Birthplace, Md.

8. Full Name of Father, Oscar Hand

9. Father's Occupation, Musician

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Stirling Mc

Address, 2226 E. Biddle

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same penalty for each offense to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 97826.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Mary Alma

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Oct 1st 1887

4. Place of Birth (Street and Number), 6 6 Washington st

5. Full Name of Mother, Mary Morris

6. Mother's Maiden Name, Regan

7. Mother's Birthplace, Md

8. Full Name of Father, Louis Morris

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Peggy Pelz

Address, 1141 Park st

Remarks GIVEN NAME ADDED 2-16-54 h.m.

The attendance of a physician or practitioner at midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 97827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Secon

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, First of October
4. Place of Birth (Street and Number), 313 South Charles St
5. Full Name of Mother, Mrs Sophia Lamert
6. Mother's Maiden Name, Sophia Zinkand
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Louis Lamert
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Nathaniel Munch

Address, 100 Saratoga St.

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97828.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	forth Child
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Second of October 1887
4. Place of Birth (Street and Number),	922 S Poca St Balto
5. Full Name of Mother,	Mary Rehmeyer
6. Mother's Maiden Name,	Mary Wallrab
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Lewis C Rehmeyer
9. Father's Occupation,	Piano maker
10. Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Catherine Schmeck
Address,	800 Leadenhall St.
Remarks,	

each and every month to the office of the Commissioner of Health. In case the Birth of any child shall occur during the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 2nd
4. Place of Birth (Street and Number),	[redacted] W. S. Howard St
5. Full Name of Mother,	Sofina Anna Rehling
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William F. Rochnlein
9. Father's Occupation,	Store
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Katherine Lynch
Address,	100 Lombard St
Remarks,	

the attendance of a physician or practitioner at midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter ... comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct. 3rd
4. Place of Birth (Street and Number),	318 S. Fremont St.
5. Full Name of Mother,	Mary Neuberth
6. Mother's Maiden Name,	Kerner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	J. C. Neuberth
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Minor
Address,	500 Lodenhall St.
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon a mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Oct 3rd 1897

4. Place of Birth (Street and Number), 1633 Hanover st

5. Full Name of Mother, Lucia Rones

6. Mother's Maiden Name, " Gahrmann

7. Mother's Birthplace, City

8. Full Name of Father, Herman Rones

9. Father's Occupation, Barber

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Belz

Address, 1744 Bank st

Remarks,

Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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CERTIFICATE CORRECTED [illegible]

RETURN OF A BIRTH

97832.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Charles Oberender

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Oct 4th 1887
4. Place of Birth (Street and Number), 1516 Bank st
5. Full Name of Mother, Maggie (Oberlander) Oberender
6. Mother's Maiden Name, " S. " Deitz
7. Mother's Birthplace, City
8. Full Name of Father, George (Oberlander) Oberender
9. Father's Occupation, Cigar Maker.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank st.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 97833.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Oct 5th 1907

4. Place of Birth (Street and Number), 217 Eden st.

5. Full Name of Mother, Tillie Dench

6. Mother's Maiden Name, " " Quecke

7. Mother's Birthplace, Balto

8. Full Name of Father, Arthur Dench

9. Father's Occupation, Driver

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Daly

Address, 1744 Bank st

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9,534.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	5, Oct
4. Place of Birth, (Street and Number)	Balto sharp st 1008.
5. Full Name of Mother,	Mrs Annie Kammer
6. Mother's Maiden Name,	Annie List
7. Mother's Birthplace,	Balto Co.
8. Full Name of Father,	William Kammer
9. Father's Occupation,	Baker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Steinmetz
Address,	810 Leadenhall St
Remarks,	

Physicians are hereby required to report the births to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 5. 1879
4. Place of Birth (Street and Number), Baltimore 525. S. Green St.
5. Full Name of Mother, Lizzie. Mary. Hauber.
6. Mother's Maiden Name, Lizzie. Mary. Leib
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John. Joseph. Hauber.
9. Father's Occupation, Stable Boss
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Catherine Schmidt

Address, 525. S. Green St. 800 Leadenhall St.

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9986.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Oct 5th 1887
4. Place of Birth (Street and Number), 1002 Eastern Ave
5. Full Name of Mother, Julia Jonson
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Jonson
9. Father's Occupation, Provision store
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1711 Bank st

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 97837.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 5th
4. *Place of Birth (Street and Number),* 2124 Division St
5. *Full Name of Mother,* Emma Morris
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* ~~John Morris~~ Maryland
8. *Full Name of Father,* John Morris
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Edwin E Smith MD

Address, 2.00 Amd Ave Bal

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97838.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, Oct 14 1911
4. Place of Birth (Street and Number), 1521 Lancaster st
5. Full Name of Mother, Hattie Brown
6. Mother's Maiden Name, " Funk
7. Mother's Birthplace, Md
8. Full Name of Father, George Brown.
9. Father's Occupation, Labour
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1701 Bank st

Remarks,

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 97839.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 8th 1887
4. *Place of Birth (Street and Number),* 411 Eden st
5. *Full Name of Mother,* Kate Schmit
6. *Mother's Maiden Name,* " Stumph
7. *Mother's Birthplace,* Cty
8. *Full Name of Father,* Fredrick Schmit
9. *Father's Occupation,* Saltmer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1744 Bank st

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Eva Mills

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, Oct 8th 1887
4. Place of Birth (Street and Number), 2021 Orleans st
5. Full Name of Mother, Eliza Ruth Elizabeth Mills
6. Mother's Maiden Name, " Lauterberger
7. Mother's Birthplace, Balty
8. Full Name of Father, ~~Charles Huber~~ Malachi Mills
9. Father's Occupation, Oyster Packer
10. Father's Birthplace, Balty

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Daly

Address, 1744 Bank st

Remarks, CERTIFICATE CORRECTED 8-12-52

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 1st 1897
4. *Place of Birth (Street and Number),* 1239 Canton ave.
5. *Full Name of Mother,* Cathrine Breman
6. *Mother's Maiden Name,* " " Hauck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Breman
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Ray

Address, 1744 Bank st

Remarks,

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9784.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 9th 1887
4. Place of Birth (Street and Number),	1515 Bolton St
5. Full Name of Mother,	Louisa Heineman
6. Mother's Maiden Name,	Meier
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Fred'k Heineman
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadler M.D.
Address,	2100 Druid Hill Ave
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97843.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, October 9th
4. Place of Birth, (Street and Number) 1121 S. Sharp St.
5. Full Name of Mother, Mary E. Becker
6. Mother's Maiden Name, Mary E. Kirkner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Becker
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Kennedy

Address, 800 Leadenhall St

Remarks,

child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9 8 4 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person so neglecting shall forfeit and pay for each offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* oct 9. 4 , 1887
4. *Place of Birth, (Street and Number)* No 15-33 S. Charels St. Baltimore Md
5. *Full Name of Mother,* Mary Frantz
6. *Mother's Maiden Name,* Mary Abehring
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Frantz
9. *Father's Occupation,* Bronzer
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Catherine Meyers

Address, 100 Leadenhall St

Remarks,

RETURN OF A BIRTH 97845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Oct 11th 1887
4. *Place of Birth (Street and Number),*	574 Baker St
5. *Full Name of Mother,*	Mollie Hartzell
6. *Mother's Maiden Name,*	Goodman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas Hartzell
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadler MD
Address	2100 Druid Park Ave
Remarks,	

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RETURN OF A BIRTH 97846.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimcre City.

mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 1st 1901
4. *Place of Birth (Street and Number),* 229 Bank st
5. *Full Name of Mother,* Sofia Simson
6. *Mother's Maiden Name,* " " Simonds
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Charles Simson
9. *Father's Occupation,* Molder
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1744 Bank st

Remarks,

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GIVEN NAME ADDED 3-9-59

RETURN OF A BIRTH

97847.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Pearl Hanna

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 11th 1887
4. Place of Birth, (Street and Number) Baltimore, Shaw St. h. 1123
5. Full Name of Mother, Kate A Hanna
6. Mother's Maiden Name, Crawford
7. Mother's Birthplace, Mongomery Co Md
8. Full Name of Father, Charles H Hanna
9. Father's Occupation, ~~Painter~~ Carpenter
10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return. Catherine Miracle

Address, 108 Leadenhall St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97848.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 12 October
4. *Place of Birth, (Street and Number)* 102 West St
5. *Full Name of Mother,* ~~Bertha Debus~~ Mrs Reich
6. *Mother's Maiden Name,* Bertha Debus
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Reich
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Katherine Mennah

Address, 800 Gladestone St

Remarks, ...

"

child's name, the date of birth, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97849.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately hereafter it shall become the duty of the person or parties of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Oct 16th 1881
4. *Place of Birth, (Street and Number)* 2082 Bond st
5. *Full Name of Mother,* Sallie Lowman
6. *Mother's Maiden Name,* Kenth
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robert Lowman
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Seltz

Address, 244 Bethel

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 17 1901
4. *Place of Birth (Street and Number),* 321 Washington st
5. *Full Name of Mother,* Henrietta Wolfram
6. *Mother's Maiden Name,* " " Sohns.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Frank Wolfram.
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1741 Bank st

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 97851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female Ethel
2. *Race or Color, (if not of the white race)*	White 5/26/10 S.C.T.
3. *Date of Birth,*	18 Oct, 1887
4. *Place of Birth, (Street and Number)*	3009 Hudson st
5. *Full Name of Mother,*	Mary Ann Flaherty
6. *Mother's Maiden Name,*	Mary Ann Perkins
7. *Mother's Birthplace,*	Portsmouth Va
8. *Full Name of Father,*	Francis P Flaherty
9. *Father's Occupation,*	Ship Carpenter
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullivan
Address,	1029 Canby st
Remarks,	

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH 97852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall fail hereafter fully to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Oct 12th 1881
4. *Place of Birth, (Street and Number)* 15 04 Eough st
5. *Full Name of Mother,* Mary Doll
6. *Mother's Maiden Name,* " " Brown
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Lorenz Doll
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Wm Eliza Fetz

Address, 1724 Fawn st

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9 9 8 5 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 18 th 1887

4. Place of Birth, (Street and Number) 202 Fountain st

5. Full Name of Mother, Anna Maria

6. Mother's Maiden Name, " " Sifert.

7. Mother's Birthplace, Balt

8. Full Name of Father, Conrad Hayes.

9. Father's Occupation, Moulder

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bell

Address, 1230 Fountain

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

AMY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 8th 1921
4. *Place of Birth (Street and Number),* 14 S Eutaw St
5. *Full Name of Mother,* Maggie Sherman
6. *Mother's Maiden Name,* " " Sauer
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* George Sherman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank St

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine (of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 97858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 20 1887

4. Place of Birth, (Street and Number) 422 Durham st

5. Full Name of Mother, Josie Rose

6. Mother's Maiden Name, " " Bishop

7. Mother's Birthplace, City

8. Full Name of Father, Jim Rose

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bell

Address, 424 Durham st

Remarks,

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

ARY & CO., CITY PRINTERS

RETURN OF A BIRTH 97856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) .....

1. Sex, (state whether male or female) .....
2. Race or color, (if not of the white race) .....
3. Date of Birth, October 20th 1887
4. Place of Birth, (Street and Number) 805 S Sharp
5. Full Name of Mother, Lena Leutner
6. Mother's Maiden Name, " " Hopkins
7. Mother's Birthplace, Dor Co Md
8. Full Name of Father, W. F. Leutner
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Catherine Blanch

Address, 500 Leadenhall St.

Remarks, ...

Attention is hereby called to the fact that by the Ordinances of Baltimore, passed July 1, 1875, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97857.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Oct 21 1887
4. *Place of Birth, (Street and Number)* 203 Canton ave
5. *Full Name of Mother,* Minnie Barber
6. *Mother's Maiden Name,* " " Fisher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Barber
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Seyfert

Address, 1244 Bank st

Remarks,

KOLLY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex. (state whether male or ~~female~~)
2. Race or color, (if not of the white race)
3. Date of Birth, 21st October
4. Place of Birth, (Street and Number) 800 S. Eutaw st
5. Full Name of Mother, Ella L. Furst
6. Mother's Maiden Name, ... Wilkins
7. Mother's Birthplace, Jackson New Jersey
8. Full Name of Father, Charles H. Furst
9. Father's Occupation, Gilder
10. Father's Birthplace, Baltimore Md. U.

Name of Medical Attendant, or other person who makes this Return. Catherine A. Murph

Address, 500 Seathmont st.

Remarks, ...

Every person who shall neglect or refuse to make the report required hereafter in this section, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97859.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 22 October
4. *Place of Birth, (Street and Number)* № 164 Cross st
5. *Full Name of Mother,* Mary Schutte
6. *Mother's Maiden Name,* Mary Schoberg
7. *Mother's Birthplace,* in Baltimore
8. *Full Name of Father,* Bernard Schutte
9. *Father's Occupation,* carpenter
10. *Father's Birthplace,* in Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Meyer

Address, 100 Cadenhall St.

Remarks, ...

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...NY & BRO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9786

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) C. Race of Colored
3. Date of Birth, Oct 22
4. Place of Birth, (Street and Number) 95 mulligan St
5. Full Name of Mother, Eliza Owens
6. Mother's Maiden Name, Eliza White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Owens
9. Father's Occupation, Drayman
10. [redacted]ather's Birthplace, baltimore

Name of Medical Attendant, or other Person who makes this Return Georgeanna Hibbt

Address, Iron alley 13 Not

Remarks, No Remarks

...ITT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Oct 24 1881
4. *Place of Birth, (Street and Number)* 844 Register st
5. *Full Name of Mother,* Eliza Russel
6. *Mother's Maiden Name,* " " Gillmer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Wm Russel
9. *Father's Occupation,* Furniture
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Fitz

Address, 1414 Bank st

Remarks,

RETURN OF A BIRTH 97862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, 24 Oct. 1887
4. Place of Birth (Street and Number), 414 Clement st
5. Full Name of Mother, Eva Foreman
6. Mother's Maiden Name, Eva Abey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Riley Foreman
9. Father's Occupation, Farmer
10. Father's Birthplace, Anna Arundel co Md

Name of Medical Attendant, or other person who makes this Return. Celestine Conway

Address, 12.30 Batery Avenue

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97863.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 24th 1887
4. Place of Birth, (Street and Number) 515 Bethel st
5. Full Name of Mother, Annie Manzer
6. Mother's Maiden Name, " Theis
7. Mother's Birthplace, City
8. Full Name of Father, Phillip Manzer
9. Father's Occupation, Boot maker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1744 E Baltz st

Remarks,

ULANT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 97865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 24/97
4. Place of Birth, (Street and Number) N 930 Linn st
5. Full Name of Mother, Mary Ohnemus
6. Mother's Maiden Name, Cummings
7. Mother's Birthplace, Md
8. Full Name of Father, Wm F. Ohnemus
9. Father's Occupation, Printer-man
10. Father's Birthplace, Berlin-Md

Name of Medical Attendant, or other Person who makes this Return. A. McSherry M.D.

Address, 930 N. Linn st

Remarks,

In accordance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall knowingly fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Kelly & Co., City Printers and Stationers.

RETURN OF A BIRTH. 97865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 24. 1887
4. Place of Birth, (Street and Number) 134 Hubert St.
5. Full Name of Mother, Mary Deter
6. Mother's Maiden Name, Beck
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Henry Deter
9. Father's Occupation, Rectifier of whiskey
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. Seabrough

Address, 11 E. Montgomery St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 97066.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or color, (if not of the white race)
3. Date of Birth, 25th day of October 1887
4. Place of Birth, (Street and Number) 1201 Hanover Street
5. Full Name of Mother, Mary Cath. Haber.
6. Mother's Maiden Name, Wanderoff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Fred. Haber
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. Stinger

Address, 100 Leadenhall St

Remarks.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, 5th of October
4. Place of Birth, (Street and Number) 828 West Saratoga St.
5. Full Name of Mother, Clara Coulter
6. Mother's Maiden Name, Reigner
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard Coulter
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Reynolds

Address, 800 Lexington St

Remarks,

Immediately after the birth of each child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77868.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or ~~female~~) M

2. Race or Color, (if not of the white race) ———

3. Date of Birth, Oct 25 1887

4. Place of Birth, (Street and Number) Cor. Wilson & Millington Pl Place.

5. Full Name of Mother, Agnes L. Brown.

6. Mother's Maiden Name, " " O'Neal.

7. Mother's Birthplace, Ellicott City.

8. Full Name of Father, Charles Lee Brown.

9. Father's Occupation, Egg-dealer.

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. L. E. Ellis M. D.

Address, 1320 E. Fillmore St.

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97869.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	1st "
1. Sex (~~state whether~~ male ~~or female~~),	
2. Race or Color (~~if not of the~~ white race),	
3. Date of Birth,	Oct 25th 1887.
4. Place of Birth (Street and Number),	1813 N Lombard St.
5. Full Name of Mother,	Emma J. Shields.
6. Mother's Maiden Name,	Emma J. Loane
7. Mother's Birthplace,	Baltimore City. Md.
8. Full Name of Father,	Richard H. Shields
9. Father's Occupation,	Brick Watchman.
10. Father's Birthplace,	Baltimore City. Md.
Name of Medical Attendant, or other person who makes this Return.	John A. Wyeth M.D.
Address,	662 W Lexington St.
Remarks,	

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(3 Child.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 25 1889.
4. Place of Birth (Street and Number),	1928 Hanover st.
5. Full Name of Mother,	Caroline Schwarz
6. Mother's Maiden Name,	Schaumann.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Louis Schwarz.
9. Father's Occupation,	Shoe maker.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97871.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 25 1887 9 P.M.
4. *Place of Birth, (Street and Number)* 1736 Orleans St.
5. *Full Name of Mother,* Ella Goldenberg Baer
6. *Mother's Maiden Name,* E. L. Dreyer
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jos. Perlberg Baer
9. *Father's Occupation,* Cloaks Builder
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Harris E Drumm M.D.

Address, 1701 E Baltimore Street

Remarks,

be in attendance previous to the birth, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 97812.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 25th 1857
4. Place of Birth, (Street and Number) No 1726 Hillman st
5. Full Name of Mother, Barbara Strobely
6. Mother's Maiden Name, Barbara Mengert
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Strobely
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Lathine Hermann

Address, No 1517 Byrd st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9'8'03.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, October 25th 1887
4. Place of Birth (Street and Number), No 300 Diamond Al
5. Full Name of Mother, Hester Boston
6. Mother's Maiden Name, " Blake
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas H. Boston
9. Father's Occupation, Kalsomining
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9.874.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 25 1887
4. Place of Birth (Street and Number),	527 N. Bond St
5. Full Name of Mother,	Annie S. White
6. Mother's Maiden Name,	" " Warner
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John E. White
9. Father's Occupation,	Can maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

The Commissioner of Health, or the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

97875

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	october the 1st
4. *Place of Birth, (Street and Number)*	Baltimore Charles St № 1214
5. *Full Name of Mother,*	Sallie Adenauer Schaen
6. *Mother's Maiden Name,*	Bayline
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	frank Adenauer Schaen
9. *Father's Occupation,*	Tayler
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	Light St № 1454
Remarks,	

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not less than ... dollars nor more than ... dollars for each offence, to be recovered as other fines and forfeitures are recovered.

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	October the 1st
4. *Place of Birth, (Street and Number)*	Baltimore Burch st st 18165
5. *Full Name of Mother,*	Salina Allen
6. *Mother's Maiden Name,*	Trapp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Allen
9. *Father's Occupation,*	labour
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Heathorn
Address,	light st st 1561
Remarks,	

...ANY & BO... CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97877.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 3rd 1897.
4. *Place of Birth (Street and Number),* #56 Harford Road
5. *Full Name of Mother,* N. Bauer.
6. *Mother's Maiden Name,* Guertler
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* John Bauer.
9. *Father's Occupation,* Beef Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Rena Hillegust

Address, 1038 Monument St

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Myrtle Wheeler

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Oct. 6th 1887.
4. Place of Birth (Street and Number), #1319 Bruce St.
5. Full Name of Mother, Mary Wheeler.
6. Mother's Maiden Name, " Lafean.
7. Mother's Birthplace, York Pa.
8. Full Name of Father, Frank Wheeler.
9. Father's Occupation, Machinist.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Rena Hillegeist

Address, #1038 E. Monument St

Remarks, "

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of $2.00 (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97879.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex. (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	october the 9th
4. *Place of Birth, (Street and Number)*	Baltimore light st No 1151
5. *Full Name of Mother,*	Mary E Marsh
6. *Mother's Maiden Name,*	walker
7. *Mother's Birthplace,*	princegorg Co Md
8. *Full Name of Father,*	Capt walter Marsh
9. *Father's Occupation,*	Capten
10. *Father's Birthplace,*	Northumberland Co Va
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	light st No 1511
Remarks,	

Attendance [illegible] the mother, immediately thereafter, it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

[illegible] & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 97800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 4th 1887
4. *Place of Birth, (Street and Number)*	827 McHenry St
5. *Full Name of Mother,*	Olga Otto
6. *Mother's Maiden Name.*	Olga Horn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Rich'd Otto
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo R Graham M.D.
Address,	125 Columbia ave
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Oct 11 1867
4. *Place of Birth, (Street and Number)*	1043 N Fulton ave
5. *Full Name of Mother,*	Sarah Billingslea
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Thos L Billingslea
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Geo R Graham M.D.
Address,	125 Columbia ave
Remarks,	

report the birth to the Commissioner of Health, in the manner and within the time required by law, the person or parents of such child or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race)
3. *Date of Birth*, 12 October 1887
4. *Place of Birth*, (Street and Number) 1293 Durst Alley
5. *Full Name of Mother*, Mary Jane Parker
6. *Mother's Maiden Name*, Clinton
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Jefferson Parker
9. *Father's Occupation*, Driver
10. *Father's Birthplace*,

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Ayerell

Address, 716 Fort Ave

Remarks,

RETURN OF A BIRTH 97883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 13th
4. Place of Birth (Street and Number)	528 Mosher St
5. Full Name of Mother,	Mrs J. Cantua
6. Mother's Maiden Name,	Miss J. Sweeney
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm H Cantua
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr McBride
Address,	400 Cathedral St
Remarks,	

DUPLICATE
NOV 17 1897
HEALTH DEPT.

Be it enacted, That from and after the passage of this Act no practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ... (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 =
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	Oct 13 1887
4. Place of Birth, (Street and Number)	1116 Bowen St
5. Full Name of Mother,	Elena Sutton
6. Mother's Maiden Name,	Mansfield
7. Mother's Birthplace,	England
8. Full Name of Father,	Fred K Sutton
9. Father's Occupation,	Stone cutter
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Wm E Graham
Address,	72 E Columbia ave
Remarks,	

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the forfeiture of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Oct 15 " 1887
4. Place of Birth, (Street and Number)	1623 Stiles Ave
5. Full Name of Mother,	Frances Zobel
6. Mother's Maiden Name,	" Bridges
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Andrew Zobel
9. Father's Occupation,	Driver
10. Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Geo W Graham MD
Address,	125 Columbia ave
Remarks,	

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RETURN OF A BIRTH 97886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16th Oct 1881
4. *Place of Birth, (Street and Number)* 323 Fort Ave
5. *Full Name of Mother,* Ida V Commens
6. *Mother's Maiden Name,* Mills
7. *Mother's Birthplace,* Nottingham Md
8. *Full Name of Father,* George Commens
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Pennell

Address, 516 Fort Ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct. 18th 1897.
4. *Place of Birth (Street and Number),* #24 S. Annie Ave.
5. *Full Name of Mother,* Amelia Mohl.
6. *Mother's Maiden Name,* Luther.
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Henry Mohl.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Killegent

Address, #1038 E. Monument St

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97818.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 11th Oct 1887

4. Place of Birth, (Street and Number) 1604 Font Ave

5. Full Name of Mother, Thary Kreitler

6. Mother's Maiden Name, Bayer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kreitler

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Elizabeth Tyrrell

Address, 516 Font Ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

DATE NAME ADDED 5-15-52

RETURN OF A BIRTH 97889.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Leah Rosenbaum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 R
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	October 14th, 1887
4. Place of Birth, (Street and Number)	946 N Lowndes St
5. Full Name of Mother,	Lena Rosenbaum
6. Mother's Maiden Name,	Lena Stamps
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Benjamin Rosenbaum
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	St. Leo's Rectory
Address,	408 Cathedral St
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalties and forfeitures as are now provided

RETURN OF A BIRTH 97890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Alverta Ward

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, October 20th 1917
4. Place of Birth, (Street and Number) Lombard st 1320
5. Full Name of Mother, Annie M ~~Hearn~~ Ward
6. Mother's Maiden Name, Annie M Hearn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alpius Ward
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Chas J Kelly

Address, No. 2022 Wilkens Ave

Remarks, GIVEN NAME ADDED. 10-13-54

L.M.

over

RETURN OF A BIRTH 77891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry August Sleigh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Oct. 21st 1887
4. Place of Birth (Street and Number), #411 E. Monument St.
5. Full Name of Mother, Mary Sleigh.
6. Mother's Maiden Name, Sadler.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Wm. F. Sleigh.
9. Father's Occupation, Engineer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return Wm. Henry Hillegeist

Address, #1038 E. Monument St.

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Ch.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct. 22nd 1887.
4. Place of Birth (Street and Number), #918 E. Biddle St.
5. Full Name of Mother, Clara Thomas.
6. Mother's Maiden Name, Rothert.
7. Mother's Birthplace, Germany
8. Full Name of Father, G. Thomas.
9. Father's Occupation, Bakery.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Hillegeist

Address, 1038 E. Monument St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9789.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Oct 22/87
4. Place of Birth (Street and Number),	27 Vincent Alley
5. Full Name of Mother,	Lizzie Smith
6. Mother's Maiden Name,	Lizzie Smith
7. Mother's Birthplace,	Md
8. Full Name of Father,	James Dorsey
9. Father's Occupation,	Coachman
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97894.

To the Office of Registrar of Vital Statistics, Board of Health, over

BALTIMORE CITY.

Name - ~~Allen~~ Alice Maude

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) —

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 22d 1887

4. Place of Birth, (Street and Number) 312 Hanover st

5. Full Name of Mother, Alice Payne Jenkins

6. Mother's Maiden Name, Alice Payne Hathaway

7. Mother's Birthplace, Lancaster County Va

8. Full Name of Father, W Baltzell Jenkins

9. Father's Occupation, Attorney-at-Law

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return J W Mc Connell MD

Address, 312 Hanover st

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH. 97895.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Edward Beauregard Lawson

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 23rd 1887
4. Place of Birth (Street and Number)	941 St. Ann St.
5. Full Name of Mother	Mary E. Lawson
6. Mother's Maiden Name	Mary E. Donnally
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward C. Lawson
9. Father's Occupation	Brick Layer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watson
Address	1307 N. Central ave.
Remarks	10-8-5-2

OTHER NAME ADDED.

Name, if any other than physician collating, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 97896.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Oct 24th
4. Place of Birth, (Street and Number) # 617 S. Wolfe St
5. Full Name of Mother, Mrs Minnie Clancy
6. Mother's Maiden Name, " " Jessenhaus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Columbus Clancy
9. Father's Occupation, Cook
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Cobb

Address, # 414 S. Broadway

Remarks,

...Co., City Printers and Stationers.

RETURN OF A BIRTH 9/1897.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	October the 25th
4. *Place of Birth, (Street and Number)*	Baltimore Byrd st No 192
5. *Full Name of Mother,*	Margret A Kirby
6. *Mother's Maiden Name,*	Tanner
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Thomas B Kirby
9. *Father's Occupation,*	Miller
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Flatlorn
Address,	Light st No 1514
Remarks,	

child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97898.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	25 Oct
4. Place of Birth (Street and Number),	2009 Preston St
5. Full Name of Mother,	Kate Quinn
6. Mother's Maiden Name,	" Sharkey
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Peter J. Quinn
9. Father's Occupation,	Shipping Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Green
Address,	940 N Gay St
Remarks,	

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97899.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	25 Oct 1887
4. Place of Birth, (Street and Number)	742 Font Ave
5. Full Name of Mother,	Mary Miller
6. Mother's Maiden Name,	Price
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Michael Miller
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Averill
Address,	512 Font Ave
Remarks,	

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

(2) Printers and Stationers

RETURN OF A BIRTH. 9,900.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 25th 1887
4. Place of Birth (Street and Number)	729 Eager St.
5. Full Name of Mother	Minnie Crane
6. Mother's Maiden Name	Minnie Hagerman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Harry A Crane
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watson
Address	1301 N. Eutaw Ave
Remarks	

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

97901.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 25th 1887
4. *Place of Birth, (Street and Number)*	Winchester Street #1105
5. *Full Name of Mother,*	Ellen McGee
6. *Mother's Maiden Name,*	Ellen Heffrain
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Michael McGee
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	L G Sparrow M D
Address,	#1011 N. Mount Street
Remarks,	

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9,902.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 the
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Oct. 23, 1887
4. Place of Birth (Street and Number),	721 Luzerne St.
5. Full Name of Mother,	Louise Lutemann
6. Mother's Maiden Name,	Louise Steidemann
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Henry Lutemann
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sawyer
Address,	726 Luzerne St.
Remarks,	

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9,903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	26 October.
4. *Place of Birth, (Street and Number)*	Lee st 526
5. *Full Name of Mother,*	Kate Nagengast
6. *Mother's Maiden Name,*	Klemmer.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Thon Nagengast
9. *Father's Occupation,*	Labor
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Migeck
Address,	800 Lindenhall Ave
Remarks,	

...called to report his birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or penalties for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9,904.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	26th October
4. Place of Birth (Street and Number),	202 Exeter st
5. Full Name of Mother,	Amelia Demer
6. Mother's Maiden Name,	Fichenelr
7. Mother's Birthplace,	Europe
8. Full Name of Father,	August Demer
9. Father's Occupation,	Baker
10. Father's Birthplace,	Europe
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Monument st.
Remarks,	

...shall receive any copy of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 7 9 0 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Oct 26th 1897
4. Place of Birth, (Street and Number) Boyd street 865
5. Full Name of Mother, Ella Jones Housegirl
6. Mother's Maiden Name, Ella Jones
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo Brown
9. Father's Occupation, Coachman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Ellen Ferguson

Address, 1023 Orleans Street

Remarks,

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

97906.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th of October 1887
4. Place of Birth (Street and Number)	1644 E Abbott St
5. Full Name of Mother	Kate Pazourek
6. Mother's Maiden Name	Kate Pazourek
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Joseph Pazourek
9. Father's Occupation	Tailor
10. Father's Birthplace	Bohemia
Name of Medical Attendant or other Person who makes this Return.	Kate Pazourek
Address	1611 E Abbott St
Remarks	Born Live

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 97901.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 26/02
4. *Place of Birth, (Street and Number)*	No. 1116 Bowers St
5. *Full Name of Mother,*	Mary Kelly
6. *Mother's Maiden Name,*	" Bowers
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Richard Kelly
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Louis Evans
Address,	No. 1214 Lingle St
Remarks,	Evans Westfield Eye

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77908.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Octr. 26 1887
4. Place of Birth (Street and Number), 1534 N. Carey
5. Full Name of Mother, Stella Spilker
6. Mother's Maiden Name, Thompson
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Geo. Herman Spilker
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1821 Madison Ave

Remarks,

The Commissioner of Health, in the manner and within the period above required, may notify each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97909.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto 27 851.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Oct. 26. 1887.
4. Place of Birth (Street and Number), 503 S. Washington St
5. Full Name of Mother,
6. Mother's Maiden Name, Lizzie Rittenhouse.
7. Mother's Birthplace, America.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Brand.

Address, 410 South Wolfe St

Remarks, D.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), white
3. Date of Birth, 848 Mango st Oct 27 th
4. Place of Birth (Street and Number), 848 Mango st
5. Full Name of Mother, Ella Kelly
6. Mother's Maiden Name, Ella Hunnel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kelly
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Alexander Lyle

Address, 629 Columbia Ave

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97911.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 27 – 87
4. Place of Birth (Street and Number),	1014 N. Wolfe St
5. Full Name of Mother,	Annie M. Fosler
6. Mother's Maiden Name,	" " Youngman
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm H. Fosler
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

The Commissioner of Health shall receive the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 27th 1907
4. Place of Birth, (Street and Number)	Hillsmere 1403
5. Full Name of Mother,	Laura V Lumberley
6. Mother's Maiden Name,	Laura V Jones
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Lumberley
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs V Kelley
Address,	2022 Hillsmere
Remarks,	

Penalty upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97913.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 27 1887
4. *Place of Birth, (Street and Number)* 2019 Jefferson street
5. *Full Name of Mother,* Catherine L Knudsen
6. *Mother's Maiden Name,* Catherine L Lehmann
7. *Mother's Birthplace,* germany
8. *Full Name of Father,* Andrew Knudsen
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Norway

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address, 424 Patterson Park avenue

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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GIVE LINE ORDER 10-4-32

RETURN OF A BIRTH 97914.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Edward Hiller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race
3. Date of Birth, October 7th
4. Place of Birth, (Street and Number) No. 2238 Hanover St.
5. Full Name of Mother, Anna C. Hiller
6. Mother's Maiden Name, " Sachs
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William Hiller
9. Father's Occupation, Engineer
10. Father's Birthplace, Hayfield, Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie Gaud

Address, No. 1714 Lombard St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97915.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Girl
2. Race or Color (if not of the white race), white
3. Date of Birth, October 27 — 1887
4. Place of Birth (Street and Number), Garrett alley 1332
5. Full Name of Mother, Augusta Schmidt
6. Mother's Maiden Name, Pieper
7. Mother's Birthplace, Golden. Brandenburg — Deutschland
8. Full Name of Father, August Schmidt
9. Father's Occupation, Kohlenarbeiter
10. Father's Birthplace, Greifenhagen. Brandenburg Deutschland

Name of Medical Attendant, or other person who makes this Return. Johanna Koontz

Address, Garrett alley 1360

Remarks, Locust Point

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RETURN OF A BIRTH 9916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	27th Oct 1887
4. *Place of Birth, (Street and Number)*	N 1427 Cookson St
5. *Full Name of Mother,*	Doris Bell Bruce
6. *Mother's Maiden Name,*	Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Bruce
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Yewell
Address,	516 Font Ave
Remarks,	

Report is true to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 27 of October
4. Place of Birth, (Street and Number) Baltimore 613 Saint Charles St
5. Full Name of Mother, Mrs. Kate Mahoney
6. Mother's Maiden Name, Kate Lynch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Mahoney
9. Father's Occupation, Diver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Mink

Address, 1006 Leadenhall St.

Remarks,

child to report its birth to the Commissioner of Health [illegible] and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Oct 29/97
4. Place of Birth (Street and Number),	201 Barnitz Alley
5. Full Name of Mother,	Annie Willis
6. Mother's Maiden Name,	Anna Cross
7. Mother's Birthplace,	Md
8. Full Name of Father,	Jno Willis
9. Father's Occupation,	Stevedore
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Jas Whitehead
Address,	
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9 7 9 9.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (~~state whether male or female~~)
2. Race or color, (~~if not of the white race~~)
3. Date of Birth, October 27th 1887.
4. Place of Birth, (Street and Number) 207 N. Bartine,
5. Full Name of Mother, Annetta Heine.
6. Mother's Maiden Name, " Baker,
7. Mother's Birthplace, Pa.
8. Full Name of Father, George Heine.
9. Father's Occupation, Driver for Bute Whitewash Co
10. Father's Birthplace, Balto. city
11. Name of Medical Attendant, or other person who makes this Return. J. Ridgely Hildreth M.D.
12. Address, 1123 E. Biddle st
13. Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

97920.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth Oct 27th 1883.

4. Place of Birth, (Street and Number) 21. N. S'hmig st Baltimore

5. Full Name of Mother, Laura Brown.

6. Mother's Maiden Name, " Lawrence

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Brown.

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann Kozman

Address, No. 13 S. Eden St

Remarks,

...ing upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Oct 28 1897

(97921)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Balto Oct 27. 1897.
4. Place of Birth (Street and Number), 613 S. Wolfe St.
5. Full Name of Mother, Julia Glaser.
6. Mother's Maiden Name, Katie Hochstater.
7. Mother's Birthplace, America.
8. Full Name of Father, George Glaser.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Stuart

Address, 720 South Wolfe St.

Remarks, 2

The Commissioner of Health may require the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9792.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	27th of October 1887
4. Place of Birth (Street and Number),	123 North Chapel street
5. Full Name of Mother,	Rosa Schmitt
6. Mother's Maiden Name,	~~Rosa~~
7. Mother's Birthplace,	Eastern-Shore
8. Full Name of Father,	Single
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel street per Crestina Kunkel
Remarks,	Healthy.

the Commissioner of Health, in the manner and within the period above required, and any such [illegible] or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 97923.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 27, 1887

4. Place of Birth, (Street and Number) 1310 Kuper Place

5. Full Name of Mother, ~~Emma~~ Jennie Deibel

6. Mother's Maiden Name, ~~Emma~~ Jennie Johnson

7. Mother's Birthplace, Cecil Co. Md

8. Full Name of Father, George Deibel

9. Father's Occupation, Watchman

10. Father's Birthplace, Cecil Co. Md

Name of Medical Attendant, or other Person who makes this Return. P. Gustav Dill M.D.

Address, 1336 W. Lombard St

Remarks,

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

97924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Raymond Pierce Stansbury

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 27-87

4. Place of Birth, (Street and Number) 1234 E. Preston St

5. Full Name of Mother, Emma Florence Stansbury

6. Mother's Maiden Name, " Gregory-

7. Mother's Birthplace, B.C

8. Full Name of Father, Franklin Pierce Stansbury-

9. Father's Occupation, Woodfinisher.

10. Father's Birthplace, B.C

Name of Medical Attendant, or other Person who makes this Return Irving Miller M.D

Address, 1207 E. Monument St.

Remarks,

...NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9792 5.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Oct 25 1878
4. *Place of Birth (Street and Number),* c/o 81 Fort ave
5. *Full Name of Mother,* Jane Parker
6. *Mother's Maiden Name,* Jane Hagahu
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Parker
9. *Father's Occupation,* Engineman on B & O R R.
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1616 South Charles St.

Remarks,

...another, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

5-28-50

RETURN OF A BIRTH 9926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Richard Herman Altenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	28 Oct - 1887
4. *Place of Birth, (Street and Number)*	944 N Gay st
5. *Full Name of Mother,*	Mary Altenberg
6. *Mother's Maiden Name,*	Stal
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Altenberg
9. *Father's Occupation,*	Butter & Produce Store
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Crowy
Address,	940 N Gay St
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9927.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Ninth (9th)

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, October 28th, 1889
4. Place of Birth (Street and Number), No. 1917 East Fayette Street
5. Full Name of Mother, Mrs. Annie Rackenspurger
6. Mother's Maiden Name, Miss Annie Lickner
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr. Jacob Rackenspurger
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, No. 418 North Broadway

Remarks, Nurse, Neighbor.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97928.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 28 1887.
4. Place of Birth (Street and Number),	91 Cross st.
5. Full Name of Mother,	Sena ~~Le~~ Lewien
6. Mother's Maiden Name,	Felscher
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Israel Lewien
9. Father's Occupation,	Peddler
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st.
Remarks,	

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97929.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 28 — 1887.
4. Place of Birth (Street and Number),	1238 William st.
5. Full Name of Mother,	Anna Kolhoeffer.
6. Mother's Maiden Name,	Karl.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Fred Kolhoeffer
9. Father's Occupation,	Boiler maker.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st.
Remarks,	

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RETURN OF A BIRTH 97930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 28th 1887
4. Place of Birth, (Street and Number) 518 S. Bethel st
5. Full Name of Mother, Maggerettia Gottman
6. Mother's Maiden Name, " Rogus
7. Mother's Birthplace, City
8. Full Name of Father, Jacob Gottman
9. Father's Occupation, Carter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return Mrs Eliza Betz

Address, 1744 Bank st

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97931.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	28th October
4. *Place of Birth (Street and Number),*	824 Pratt st
5. *Full Name of Mother,*	Mary Andolotta
6. *Mother's Maiden Name,*	Attel
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	John Andolotta
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

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RETURN OF A BIRTH 97932.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 28 of October
4. Place of Birth, (Street and Number) Sharp st. No 1210
5. Full Name of Mother, Margaret Nealaine
6. Mother's Maiden Name, " Creamer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Baptist Nealine
9. Father's Occupation, Dairyman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Murphy

Address, 800 Leadenhall St.

Remarks,

RETURN OF A BIRTH 97953.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept. 28th 1887.
4. Place of Birth (Street and Number), #1340 N. Washington St.
5. Full Name of Mother, Annie Bohnet Bovey
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Thomas Bovey
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Bernard Hillegeist

Address, #182 E. Monument St.

Remarks, 1038 (Ver Number)

RETURN OF A BIRTH 9792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 28 of Oct. 1887
4. Place of Birth, (Street and Number) 1306 N. Eden
5. Full Name of Mother, Ellen Kelly
6. Mother's Maiden Name, Newland
7. Mother's Birthplace, Balto City
8. Full Name of Father Peter Kelly
9. Father's Occupation, Painter
10. Father's Birthplace, Balto
11. Name of Medical Attendant, or other Person who makes this Return. Mary Wade
12. Address, 1303 E. Baltimore
13. Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 28th 1887
4. Place of Birth, (Street and Number) 1744 Bank st
5. Full Name of Mother, Mary Ford
6. Mother's Maiden Name, M. Schut
7. Mother's Birthplace, Germany
8. Full Name of Father, Nick Ford
9. Father's Occupation, Keeper Watchman.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Getz

Address, 1744 Bank st

Remarks,

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (~~state whether male or~~ female) Female

2. Race or Color, (~~if not of the~~ white ~~race~~) White

3. Date of Birth, Oct 28th 1887 7 P.M.

4. Place of Birth, (Street and Number) 2716 Hudson St

5. Full Name of Mother, Mary Reagan

6. Mother's Maiden Name, " O'Brian

7. Mother's Birthplace, Pa

8. Full Name of Father, Michael Reagan

9. Father's Occupation, Grocery Store

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs P. Sherlock M.D

Address, 1102 E Balto St

Remarks, Instrumental

In alteration upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97937.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 29th of October
4. Place of Birth (Street and Number), 105 East Fayson Str.
5. Full Name of Mother, Bertha Schanbin
6. Mother's Maiden Name, Bertha Radofski
7. Mother's Birthplace, Prusen Bomern
8. Full Name of Father, Carl Schanbin
9. Father's Occupation, Tajlor
10. Father's Birthplace, Prusen Bomern

Name of Medical Attendant, or other person who makes this Return. Friederike Keuler Midwife

Address, 2116 West Pratt Str.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97938.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Nk.

3. *Date of Birth,* Oct 29th 97

4. *Place of Birth, (Street and Number)* 1625 E Baltimore St.

5. *Full Name of Mother,* Lillian F. Whitworth

6. *Mother's Maiden Name,* Ash

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm. Whitworth

9. *Father's Occupation,* Telegrapher

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. O. Dillon M.D.

Address, 124 S Broadway

Remarks, Child premature — about six & a half months

RETURN OF A BIRTH 97739.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1st of October
4. Place of Birth (Street and Number),	528 Lee St
5. Full Name of Mother,	Maggie Macauley
6. Mother's Maiden Name,	Maggie Bartells
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles E Macauley
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Eugene Bozman
Address,	927 Shaw St
Remarks,	A fine healthy Child

Whoever, hereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	October 1st 1887
4. Place of Birth (Street and Number),	No. 12 Lombard St.
5. Full Name of Mother,	Louisa Fluri
6. Mother's Maiden Name,	" " Krauth
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Karl Fluri
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 100 S Monroe St.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 7/1941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 2. 1887

4. Place of Birth, (Street and Number) 1037 Lanvale St.

5. Full Name of Mother, Nellie Mottu

6. Mother's Maiden Name, " Sewell

7. Mother's Birthplace, Balto City

8. Full Name of Father, Thomas H Mottu

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer M.D

Address, 1031 McCulloh St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) for each offense to be recovered in other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 3d 1887
4. Place of Birth, (Street and Number) 1011 Lafayette Ave Balto
5. Full Name of Mother, Mrs Kate Kimmel
6. Mother's Maiden Name, Miss Kate Cullen
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Solomon Kimmel
9. Father's Occupation, Merchant
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. L E Beale M.D.

Address, 519 N. Arlington

Remarks.

...ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 7943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth*	October 3 '87
4. *Place of Birth, (Street and Number)*	618 Wilkington Ave
5. *Full Name of Mother,*	Mollie E. Blackwell
6. *Mother's Maiden Name,*	" Lucas
7. *Mother's Birthplace,*	Calvert Co. Md
8. *Full Name of Father,*	J. Edward Blackwell
9. *Father's Occupation,*	Tobacco
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other Person who makes this Return.	C. Steinbrenner, M.D.
Address,	1035 Argyle Ave
Remarks,	

In attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 979444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether male or female),	Meale
2. Race or Color (if not of the white race),	
3. Date of Birth,	October 4th 1887
4. Place of Birth (Street and Number),	No 340 Payson St.
5. Full Name of Mother,	Minnie Counselman
6. Mother's Maiden Name,	" Blenny
7. Mother's Birthplace,	Harford County
8. Full Name of Father,	George Counselman
9. Father's Occupation,	Mechinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 106 S. Ahnd St.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 979465

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 4, 1877
4. Place of Birth, (Street and Number) Bruns St 629
5. Full Name of Mother, Eliza A. Sanner
6. Mother's Maiden Name, " " Mafnus
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George R. Sanner
9. Father's Occupation, Clergyman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return — Wm A. Barnes M.D.

Address, 906 Hatt Street

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Sole 97946.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 October

4. Place of Birth, (Street and Number) 1414 Aisquith st.

5. Full Name of Mother, Anna Elert

6. Mother's Maiden Name, = Dassel

7. Mother's Birthplace, Balt.

8. Full Name of Father, Christ Elert

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1249 E. Eager Street

Remarks,

In attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

9/9247.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 4 1897

4. Place of Birth, (Street and Number) 1004 Patterson Avenue

5. Full Name of Mother, Sophia Teresa Buchman

6. Mother's Maiden Name, " Rieger

7. Mother's Birthplace, Virginia

8. Full Name of Father, Jno C Buchman

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown M.D.

Address, 1031 McCulloh St.

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any male or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 97948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth October 5th

4. Place of Birth, (Street and Number) 1035 Myrtle Avenue

5. Full Name of Mother, Josie L. Rheside

6. Mother's Maiden Name, " Steinbrenner

7. Mother's Birthplace, New York City

8. Full Name of Father, Edwin Rheside

9. Father's Occupation,

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. E. Montgomery, M.D.

Address, 1035 Myrtle Ave

Remarks,

...ny Sons shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or agents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be r... and forfeiture ... recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 97949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 7
4. *Place of Birth (Street and Number),* The Lying in Hosp 622 W Lombard.
5. *Full Name of Mother,* Alice Ryan
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neal M.D.

Address, 319 W. Monument St

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Male~~ First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 6.
4. *Place of Birth, (Street and Number)*	2039 E. Lombard St.
5. *Full Name of Mother,*	Laura Belle Bartlett
6. *Mother's Maiden Name,*	Teal
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	James Lister Bartlett
9. *Father's Occupation,*	Coal & Feed
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other Person who makes this Return.	E. F. Sons M.D.
Address,	1835 E. Balto. St.
Remarks,	

...ons of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

GIVEN NAME ADDED 7-17-56

RETURN OF A BIRTH 9795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Harry Lilly Shaffer, Jr. First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 7th - 1887.

4. Place of Birth, (Street and Number) 402 N. Chester

5. Full Name of Mother, Catharine Elizabeth Shaffer

6. Mother's Maiden Name, Cummings

7. Mother's Birthplace, Bowkville Md.

8. Full Name of Father, Harry Lilly Shaffer

9. Father's Occupation, Machinist

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. E. E. Bevis M.D.

Address, 1838 E. Balto. St.

Remarks,

In attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 9,952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother. Immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2'

1. *Sex (state whether male or female),* F
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 1
4. *Place of Birth (Street and Number),* The Lying-in Hosp 622 W Lombard
5. *Full Name of Mother,* Lizzie Colonotwich
6. *Mother's Maiden Name,* Not known.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M. D.

Address, 319 W. Monument St

Remarks,

Publishing Co., City Printers and Stationers.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 97953.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 6, 1887
4. *Place of Birth (Street and Number)* 1157 N. Stricker
5. *Full Name of Mother* Lillian Thomas Stoffregen
6. *Mother's Maiden Name* Lillian Thomas
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Charles J. Stoffregen
9. *Father's Occupation* Boot-Cutter
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Wm. McNickerson, M.D.

Address Arlington & Harlem Aves.

Remarks

RETURN OF A BIRTH 97954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* October 8 28
4. *Place of Birth (Street and Number),* 1511 Point Lane near Kenwood
5. *Full Name of Mother,* Maggie Lucas
6. *Mother's Maiden Name,* Maggie Sillaff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sands Lucas
9. *Father's Occupation,* Tailor
10. *Name of Medical Attendant,* or other person who makes this Return. Miss Thornton
    Address, 1504 Eutaw St
    Remarks,

...ance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 91955.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Negro
3. *Date of Birth,* Oct 1 1897
4. *Place of Birth (Street and Number),* 2 Bethel St.
5. *Full Name of Mother,* Lilly Williams
6. *Mother's Maiden Name,* Not married
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E Pratt St.

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] and forfeitures are recoverable.

[illegible] Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 5 - 1881
4. *Place of Birth (Street and Number),* 829 S. Gallows St
5. *Full Name of Mother,* Julia Barry
6. *Mother's Maiden Name,* Lucey
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Barry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Flynn

Address, 1427 E Pratt St.

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 7.9.7.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 9th
4. *Place of Birth, (Street and Number)* No. 22½ S. Fulton Ave
5. *Full Name of Mother,* Maggie Cramer
6. *Mother's Maiden Name,* Maggie Egan
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry H. Cramer
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Lannan

Address, 1325 Arlington Ave.

Remarks, Living Child.

(name of Edward Cramer).

RETURN OF A BIRTH 9958.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 10 - 1887
4. *Place of Birth (Street and Number),* 43 S. Eden St.
5. *Full Name of Mother,* Laura H. Norwood
6. *Mother's Maiden Name,* Wright
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Norwood
9. *Father's Occupation,* Can - Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Adams

Address, 142 E. Pratt St.

Remarks,

Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child 9/1959.

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10 October
4. *Place of Birth, (Street and Number)* 1038 Central Avenue
5. *Full Name of Mother,* Dora M. Unchelbach
6. *Mother's Maiden Name.* Dora Ulrich
7. *Mother's Birthplace,* Rheinpfalz Bavaria
8. *Full Name of Father,* Charles Unchelbach
9. *Father's Occupation,* carpenter
10. *Father's Birthplace,* Geisselbach Bavaria

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1949 E. Eager Street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Engravers

RETURN OF A BIRTH 9/9/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race),
3. Date of Birth, Oct 10"
4. Place of Birth (Street and Number), Free Lying-in Hosp. 622 W Lombard
5. Full Name of Mother, Kate Burke.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Washington
8. Full Name of Father, Not known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Seale M.D.

Address, 519 W. Monument St

Remarks,

the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9961.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 11th 1887
4. *Place of Birth, (Street and Number)*	1029 Eutaw [illegible]
5. *Full Name of Mother,*	Carrie Mary Danigi
6. *Mother's Maiden Name,*	Carrie Mary Stanbler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Augustus D Danigi
9. *Father's Occupation,*	Sanitarian
10. *Father's Birthplace,*	Boston Mass
Name of Medical Attendant, or other Person who makes this Return.	G. W. Miller Dr
Address,	319 W. Lexington [illegible]
Remarks,	

In the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other debts and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth 9 7 9 6 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 10 - 11 - 87 - 3 - 40 A. M.
4. Place of Birth, (Street and Number) 1404 Pennsylvania Ave, Balto -
5. Full Name of Mother, Gertrude C. Foble
6. Mother's Maiden Name, Rea
7. Mother's Birthplace, Cambridge, Dorchester Co Md
8. Full Name of Father, Henry F. Foble
9. Father's Occupation, Merchant
10. Father's Birthplace, Cambridge, Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. E. G. Newton, M.D.

Address, 1429 McCulloh St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the discretion (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9963.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race),
3. Date of Birth, Oct 12"
4. Place of Birth (Street and Number), Lying in Hosp. 622 W Lombard.
5. Full Name of Mother, Lola Schwartz.
6. Mother's Maiden Name, Not known.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Not known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L E Neale M D

Address, 319 W. Lexington St

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), M.
2. Race or Color (if not of the white race),
3. Date of Birth, Oct 13
4. Place of Birth (Street and Number), In Lying in Hosp 622 N Howard.
5. Full Name of Mother, Emma Harrison
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm Brown.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M D

Address, 319 N. Broadway 82

Remarks,

the Commissioner of a physician of practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Charles F. Kehoe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Oct 14 - 1887
4. Place of Birth (Street and Number), 1139 Granby st.
5. Full Name of Mother, Caroline Kehoe
6. Mother's Maiden Name, Graumberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph A. Kehoe
9. Father's Occupation, Wagon-driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary F. Leary

Address, 1427 E. Pratt St.

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH.

9'7466.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 14, 1887
4. *Place of Birth (Street and Number)* Gold St 2nd door west from N. Carey
5. *Full Name of Mother* Emma May Andrews Stitcher
6. *Mother's Maiden Name* Emma May Andrews
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Charles Henry Stitcher
9. *Father's Occupation* Paper-hanger
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Wm McNickerson, M.D.

Address Arlington & Harlem Ave

Remarks

Every Physician or other person who shall neglect or refuse to make return of births, as required by the ordinances of the Board of Health, shall be liable to a penalty of twenty dollars for each offence. Every return must be signed by the person making it, and must state the number of the house, and the street, lane or alley in which the birth occurred, and the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 97967.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 16, 1887.
4. *Place of Birth (Street and Number)* 1524 W. Pratt st.
5. *Full Name of Mother* Mrs Ida Waltz Licklor
6. *Mother's Maiden Name* Miss Ida Waltz
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Samuel G. Licklor
9. *Father's Occupation* Market Man
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Wm McNicholson, M.D.

Address Arlington & Harlem Aves

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 9-968.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 18 1887
4. *Place of Birth (Street and Number)* 726 W. Cross St.
5. *Full Name of Mother* Emma A. Weber Thompson
6. *Mother's Maiden Name* Emma A Weber
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* James W. Thompson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Wm McNickerson, M.D.

Address Arlington & Harlem

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 1969.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored boy

3. *Date of Birth,* 14 October 1887

4. *Place of Birth, (Street and Number)* 914 Lurch alley

5. *Full Name of Mother,* Kate Washington

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Annapolis Md.

8. *Full Name of Father,* William Washington

9. *Father's Occupation,* Oyster Shucker

10. *Father's Birthplace,* Annandel Anne Ar. Co.

Name of Medical Attendant, or other Person who makes this Return. Anne Maria Jolson

Address, 19 Lewis St. Bet Hanover and Charles

Remarks, mother recovering

Mother and child well when parents married

& Co., City Printers and Stationers.

RETURN OF A BIRTH 9197 C.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	October 17/97
4. *Place of Birth, (Street and Number)*	No 1607 E. Lombard St.
5. *Full Name of Mother,*	Minie Freemann
6. *Mother's Maiden Name,*	Vogt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Eduard Freemann
9. *Father's Occupation,*	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

...ired to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9-1991.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 15/87.
4. Place of Birth, (Street and Number) No 509 S. Collington Ave
5. Full Name of Mother, Barbara Mc Donnell
6. Mother's Maiden Name, Melia
7. Mother's Birthplace, Irland
8. Full Name of Father, Patrick Mc Donnell
9. Father's Occupation, Laborer
10. Father's Birthplace, Irland.

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Ave.

Remarks,

Fail to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the forfeiture of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97972.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Charles ~~Locke~~ Cutler.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male

2. Race or Color. (if not of the white race) ~~Col. or Ct.~~ White

3. Date of Birth Dec. 15 th

4. Place of Birth, (Street and Number) 20 E. E. Park Ave.

5. Full Name of Mother, Annie Washington Cutler

6. Mother's Maiden Name, Locke

7. Mother's Birthplace, Wellfleet Mass.

8. Full Name of Father, William Rufus Cutler

9. Father's Occupation, Sail Maker

10. Father's Birthplace, Maine

Name of Medical Attendant, or other Person who makes this Return. E. P. Jones M.D.

Address, 1885 E. Balto. St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 9,973.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 15th
4. *Place of Birth (Street and Number),* The Lying in Hosp 622 W Lombard.
5. *Full Name of Mother,* Jennie Hallam.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9994.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored.
3. Date of Birth, Oct 15th
4. Place of Birth (Street and Number), In Lying in Hosp. 622 W Lombard
5. Full Name of Mother, Eliza Hutchins
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale Jr M D

Address, 319 W. Monument St

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9 1975.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth	Apl 15/87
4. Place of Birth, (Street and Number)	No 257 S. Bond St.
5. Full Name of Mother,	Annie Schlegel
6. Mother's Maiden Name,	Meinhard
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Schlegel
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97976.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 6/87
4. Place of Birth, (Street and Number) No 415 Madeira Alley
5. Full Name of Mother, Kate Wassner
6. Mother's Maiden Name, Damm
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich Wassner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 E. Washington St.

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the [illegible] required, and [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct. 18, 1887
4. Place of Birth (Street and Number),	1232 Washington Ave.
5. Full Name of Mother,	Catherine Camilla Dorsey
6. Mother's Maiden Name,	" " Hayes
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	John Peter Dorsey
9. Father's Occupation,	Plasterer
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	H. L. Hunt M.D.
Address,	513 Scott St.
Remarks,	

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 18 — 1889
4. *Place of Birth (Street and Number),* 249 S. Conn St.
5. *Full Name of Mother,* Margaretha Meeker
6. *Mother's Maiden Name,* Hidson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Meeker
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 429 S. Exeter

Remarks,

ng Co., City Printers and Stationers.

RETURN OF A BIRTH 9999.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 19 - 1887
4. *Place of Birth (Street and Number),* 1042 Granby St.
5. *Full Name of Mother,* Mary Reily Egan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Reily
9. *Father's Occupation,* Can-Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Cleary

Address, 1429 Gratt St.

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 97980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13 Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	October 19th 1887
4. Place of Birth (Street and Number),	No 203 Mulberry St
5. Full Name of Mother,	Maggie Fockel
6. Mother's Maiden Name,	" " Kuhn
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Alexander Fockel
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 106 S. Monroe St.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97981.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child.

1. Sex (state whether male or female), Boy

2. Race or Color (if not of the white race),

3. Date of Birth, October 21

4. Place of Birth (Street and Number), Lemon St. No 1721

5. Full Name of Mother, Lena Fink.

6. Mother's Maiden Name, Lena Hauch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ernst Wm Fink

9. Father's Occupation, Tayler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No 106 S. Monroe St.

Remarks,

Under Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

7982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 22nd
4. Place of Birth, (Street and Number)	31 N. Fark Ave.
5. Full Name of Mother,	Adella Sophia Miller
6. Mother's Maiden Name,	Tyler
7. Mother's Birthplace,	City
8. Full Name of Father,	George Curtis Miller
9. Father's Occupation,	Coal dealer
10. Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Gross M.D.
Address,	1858 E. Balto. St.
Remarks,	

Be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 47983.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh child
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 23d 1887.
4. Place of Birth, (Street and Number)	No 511 Chester str.
5. Full Name of Mother,	Kate Murer
6. Mother's Maiden Name,	" Bausch
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Murer
9. Father's Occupation,	Puxter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97984.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 23
4. *Place of Birth (Street and Number),* Jno Spring Hosp. 622 N. Amity
5. *Full Name of Mother,* Bridget Berry
6. *Mother's Maiden Name,* Not known.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Seale, M.D.

Address, 319 N. Monument St

Remarks.

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97985,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Oct 23/82
4. *Place of Birth, (Street and Number)*	No 119 N Amm St.
5. *Full Name of Mother,*	Lisbeth Trotton
6. *Mother's Maiden Name,*	Loffler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Trotton
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

attendance upon the mother, immediately the father if shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH 97986.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 23 - 1897
4. *Place of Birth (Street and Number),* 515 E. Lorn St.
5. *Full Name of Mother,* Charlotte Hardy
6. *Mother's Maiden Name,* Hardegan
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* John F. Hardy
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Heath St.

Remarks,

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RETURN OF A BIRTH 97987.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Oct. 1st 87

4. Place of Birth (Street and Number), 711 Columbia Ave. Balto

5. Full Name of Mother, Mary J. Moog

6. Mother's Maiden Name, Mary Mester

7. Mother's Birthplace, Balto city

8. Full Name of Father, Fredrick J. Moog

9. Father's Occupation, Dry goods Business

10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return.

Address, 735 W. Pratt st

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97988.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	October 1st 1887
4. *Place of Birth (Street and Number),*	109 Shuter St.
5. *Full Name of Mother,*	Liza Roberts
6. *Mother's Maiden Name,*	Liza Nickels
7. *Mother's Birthplace,*	Mississippi
8. *Full Name of Father,*	Chas. Roberts
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Fredrick
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. V. Butt.
Address,	1245 S. W. cor. Montalmert St. & Central av.
Remarks,	Still Well

Insist, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1st Day of October 1897
4. Place of Birth (Street and Number),	No: 337 South Fulton Ave
5. Full Name of Mother,	Christina Huss.
6. Mother's Maiden Name,	Christina Heinrich
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Huss.
9. Father's Occupation,	Poltry Dealer
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Mrs C Dumas
Address,	1927 W Lombard st
Remarks,	

The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 47990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	October 2nd 1887
4. *Place of Birth (Street and Number),*	761 N. Mc. St
5. *Full Name of Mother,*	Julia Lawack
6. *Mother's Maiden Name,*	Julia Baumbach
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charlie Lawack
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	M. J. Bill
Address,	245 N. Monument & Central ave.
Remarks,	A C Well

The Publication Co., Civil Printers and Stationers

CITY REGISTERED 6-14-87

RETURN OF A BIRTH 97991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Eugene Roach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 2nd 87
4. *Place of Birth (Street and Number),* 813 Burgundy St. Balto
5. *Full Name of Mother,* Barbara M. Roach
6. *Mother's Maiden Name,* Barbara M. Krug
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Stephen J. Roach
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. Seibach 735 W. Pratt st

Remarks,

the attendance of a physician or practitioner at such birth, he should be other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97992.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 3rd
4. Place of Birth (Street and Number),	1133 William St
5. Full Name of Mother,	Martha E. Bristow
6. Mother's Maiden Name,	" " Forsythe
7. Mother's Birthplace,	City
8. Full Name of Father,	David Bristow
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Cecil County
Name of Medical Attendant, or other person who makes this Return.	J. C. Bunch M.D.
Address,	511 Hanover St
Remarks,	

...a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to make such return as herein required to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97993.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	1st.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	October 4th. 1887
4. *Place of Birth, (Street and Number)*	154 Columbia av.
5. *Full Name of Mother,*	Annie Johnston
6. *Mother's Maiden Name,*	Annie Whitten
7. *Mother's Birthplace,*	Harford Co. Md.
8. *Full Name of Father,*	Andrew Johnston
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return.	Dr. Laney H. Barclay M.D.
Address,	104 N. Conway St.
Remarks,	

...ician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

97994.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* October 4th 1887
4. *Place of Birth (Street and Number),* 1133 Greenmount ave.
5. *Full Name of Mother,* Ana Braidsh
6. *Mother's Maiden Name,* Ana Burg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Braidsh
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. M. J. Burk.

Address, 1245 E. N. ave. Monument & Bentalou.

Remarks, All well.

mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 97995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 4th 1887
4. Place of Birth, (Street and Number) 104 N. Mount St.
5. Full Name of Mother, Lucy A. Fowler
6. Mother's Maiden Name, Shaw
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. H. Fowler
9. Father's Occupation, Machinist
10. Father's Birthplace, Washington

Name of Medical Attendant, or other Person who makes this Return. E. H. Webner M.D.

Address, 814 W. Lombard St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 9996.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Oct 5th
4. Place of Birth (Street and Number),	112 Canton Ave
5. Full Name of Mother,	Elizabeth O'Toole
6. Mother's Maiden Name,	Kierbeth
7. Mother's Birthplace,	City
8. Full Name of Father,	Jas. O'Toole
9. Father's Occupation,	fireman
10. Father's Birthplace.	Ireland
Name of Medical Attendant, or other person who makes this Return.	L. C. Bruchman M.D
Address,	511 Hanover St
Remarks,	

...ician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be ... covered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9997.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 5th. 1887
4. Place of Birth (Street and Number),	849 N. Gay St.
5. Full Name of Mother,	Sophie [illegible] Nill
6. Mother's Maiden Name,	Sophie Wise
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo. Nill
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Barth.
Address,	1245 E. Monument St. & Central av.
Remarks,	All Well

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RETURN OF A BIRTH 97998.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 5th 97
4. Place of Birth (Street and Number),	Ridgely st #813
5. Full Name of Mother,	Emma M Jack
6. Mother's Maiden Name,	Emma M Edelein
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John L Jack
9. Father's Occupation,	Furniture Polisher
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss. Wilh. Bonisch
Address,	421. Barre st.
Remarks,	

The name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be collected as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97999.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 6 October
4. *Place of Birth (Street and Number),* 521 Broome St.
5. *Full Name of Mother,* Emma Amein
6. *Mother's Maiden Name,* Kummer
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Amerein
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mc Rae Mbig

Address, 1902 Holland St Balto Md.

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98000.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	October 6th. 1897
4. *Place of Birth (Street and Number),*	1824 Madison St.
5. *Full Name of Mother,*	Barbara Shanthimer
6. *Mother's Maiden Name,*	Barbara Flick
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Shanthimer
9. *Father's Occupation,*	Brassfinisher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm. H. S. Butt
Address,	1245 N. Cor Monument St. & Central av
Remarks,	All Well

The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(City Printers and Stationers.)

RETURN OF A BIRTH 98001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white race
3. Date of Birth,	Oktober 2. 26
4. Place of Birth (Street and Number),	Gaare St. N 1241
5. Full Name of Mother,	Eva Paseyka
6. Mother's Maiden Name,	Eva Preis
7. Mother's Birthplace,	Schermene
8. Full Name of Father,	Stefan Paseyka
9. Father's Occupation,	Labor
10. Father's Birthplace,	Schermene
Name of Medical Attendant, or other person who makes this Return.	Pauline Siersemann
Address,	Gaare St. 1225
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98062.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 7th. 1897
4. Place of Birth (Street and Number),	No 539 Co. Aisquith & Hoffman Sts.
5. Full Name of Mother,	Ella Schroeder
6. Mother's Maiden Name,	Ella Maison
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles C. Schroeder
9. Father's Occupation,	Store
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Butt
Address,	1245 E.N. cor Central av. & Aisquith St.
Remarks,	All Well

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 98003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Friday October 7th 87
4. Place of Birth (Street and Number), 226 S. Fremont Ave
5. Full Name of Mother, Kate Wallbrecher
6. Mother's Maiden Name, Kate Miller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Gustav Wallbrecher
9. Father's Occupation, Watchmaker & Jeweler
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs Seeback 735 N. Pratt st

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 98044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	October 9th. 1887
4. *Place of Birth (Street and Number),*	308 Castle St.
5. *Full Name of Mother,*	Maggie Schneider
6. *Mother's Maiden Name,*	Maggie Eck
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lewis Schneider
9. *Father's Occupation,*	Cabinet
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm. H. V. Butt
Address,	1245 Monument St. cor Central av.
Remarks,	All Well

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98005.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st.
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	white race
3. *Date of Birth,*	Oktober 1. 10
4. *Place of Birth (Street and Number),*	Haare St. 1233
5. *Full Name of Mother,*	Kate Jowalzke
6. *Mother's Maiden Name,*	Kate Glatzkinzka
7. *Mother's Birthplace,*	Schermene
8. *Full Name of Father,*	Kaschmir Jowalzke
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Östreich
Name of Medical Attendant, or other person who makes this Return.	Paulina Liersemann
Address,	Haare St. 1225
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, if the mother and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9806.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	12th October
4. Place of Birth (Street and Number),	644 Portland St. Balto
5. Full Name of Mother,	Charlotte Augusta Cornwell
6. Mother's Maiden Name,	Charlotte Augusta Johnson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ferdinande Cornish
9. Father's Occupation,	Laboring
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 98007.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 12 th. 1887
4. Place of Birth (Street and Number),	1525 Preston St.
5. Full Name of Mother,	Anna O Donald
6. Mother's Maiden Name,	Ann Devlin
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John O Donald
9. Father's Occupation,	Carver
10. Father's Birthplace,	Harford County
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Butler.
Address,	1245 Monument St & Central av
Remarks,	Full Full

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, [illegible] comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98008.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether male or female),	Male
2. Race or Color (If not of the white race),	White
3. Date of Birth,	October 13th. 1887
4. Place of Birth (Street and Number),	~~[illegible]~~ 2402 E. Fayette St.
5. Full Name of Mother,	Rebecca Bull
6. Mother's Maiden Name,	" Foster
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Harry Bull
9. Father's Occupation,	in Post Office
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A. Bull.
Address,	1345 N. Monument St & Central av.
Remarks,	All Well

Fail every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. Bollmann Co., City Printers and Stationers.

RETURN OF A BIRTH 98009.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 14 Oct 1887
4. Place of Birth (Street and Number), 1823 Lemon St
5. Full Name of Mother, Emilia Georg
6. Mother's Maiden Name, Emilia Chriddey
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Georg
9. Father's Occupation, Worker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumay

Address, 1927 ½ Lombard st

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 98010.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race),
3. Date of Birth, October 14th 1881.
4. Place of Birth (Street and Number), Baltimore 865 n Ramsay alley
5. Full Name of Mother, Henry Ludwig.
6. Mother's Maiden Name, Louisa Eph.
7. Mother's Birthplace, Cumberland Md.
8. Full Name of Father, Henry Ludwig.
9. Father's Occupation, Bar Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return Mary J Shaffer.

Address, 2139 south Hedgley st.

Remarks,

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RETURN OF A BIRTH 95011.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 14th. 1887
4. Place of Birth (Street and Number),	No. 926 Caroline St.
5. Full Name of Mother,	Marg. Hubert
6. Mother's Maiden Name,	Marg. Hubert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Hubert
9. Father's Occupation,	Iron Molder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A. Pratt
Address,	1245 Monument St. & Central av.
Remarks,	All Well

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98012.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, 14th Feb 1887 -

4. Place of Birth, (Street and Number) 1813 Lexington St

5. Full Name of Mother, Nellie B Coggins

6. Mother's Maiden Name, " " Heath

7. Mother's Birthplace, Balto

8. Full Name of Father, Jno E Coggins

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Geo K Eyster

Address, Fayette & Eaton

Remarks,

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten ($10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

9813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 16th 1887
4. Place of Birth, (Street and Number) 317 Parkin St.
5. Full Name of Mother, Mary V. Scott
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward E. Scott
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Kebner M.D.

Address, 814 W. Lombard St.

Remarks,

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period required, and any such person or persons who shall fail to comply with the provisions of this section, shall be for each offense to be fined as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9014.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 18th 1887
4. Place of Birth (Street and Number),	135 Chapel St.
5. Full Name of Mother,	Susie Biggs
6. Mother's Maiden Name,	Susie Harrison
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas Biggs
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A. Burt
Address,	1245 Monument St. & Central av.
Remarks,	All Well.

...ed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98015.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 18th Oct 1887
4. Place of Birth (Street and Number), No 604 S Fulton St
5. Full Name of Mother, Sallie Carr
6. Mother's Maiden Name, Sallie Deffenbaugh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Carr
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss E Dumar

Address, 1927 W Fombard St

Remarks,

...shall, in like manner, collect the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person ... in attendance from the ... mother, immediately ... or it shall become the duty of the parents or parent of such child to report the birth to the Commissioner of Health ... in the manner and within the period above required, ... such person or persons who shall hereafter fail ... comply with the provisions of this section shall be subjected ... the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...ltimore Publishing Co., City Printers and Stationers

RETURN OF A Over BIRTH 98016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Emmett Mason Jr. 2d

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	2d
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Aug 19th 1887
4. Place of Birth, (Street and Number)	S. E. Cor. Conway & Hanover Sts
5. Full Name of Mother,	Annie Mason
6. Mother's Maiden Name,	Annie Welch
7. Mother's Birthplace,	Va.
8. Full Name of Father,	George E. ~~Charles E.~~ Mason
9. Father's Occupation,	Commission Merchant
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Dr Lancey W Barclay Md.
Address,	108 N. Conway St.
Remarks,	

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents so shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 98017.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 26 Octobr 1887
4. Place of Birth (Street and Number), 223 S Fulton St
5. Full Name of Mother, Lizzie Deffenbach
6. Mother's Maiden Name, Lizzie Lee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Deffenbach
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, 1927 W Lenland St

Remarks,

...ed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Monumental Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 75018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, 20 October
4. Place of Birth (Street and Number), 1213 Union Alley
5. Full Name of Mother, Mary Dodson
6. Mother's Maiden Name, Allen
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Dodson
9. Father's Occupation, Teamster
10. Father's Birthplace, West Indies

Name of Medical Attendant, or other person who makes this Return. Mrs. Rose Illig

Address, 1302 Holland St

Remarks, Baltr

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98019.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 20th
4. Place of Birth (Street and Number),	817 N Caroline St
5. Full Name of Mother,	Mary Griffin
6. Mother's Maiden Name,	" Gale
7. Mother's Birthplace,	Md
8. Full Name of Father,	Jas. M. Griffin
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Calvert County
Name of Medical Attendant, or other person who makes this Return.	L. C. Bruce M.D.
Address,	511 Aisquith St
Remarks,	

...each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of [redacted] child to report [redacted] birth to the Commissioner of [redacted] Health, in the manner and within the period above required. [redacted] any such person or persons who shall hereafter [redacted] comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to [redacted] covered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 98020.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 28th
4. Place of Birth (Street and Number),	516 Lee St
5. Full Name of Mother,	Augusta Romoser
6. Mother's Maiden Name,	" Hauk
7. Mother's Birthplace,	City
8. Full Name of Father,	Chas Romoser Jr
9. Father's Occupation,	Plumber
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	J C Bunch MD
Address,	514 Hanover
Remarks,	

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98021

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 21 1887

4. Place of Birth, (Street and Number) 1130 Gordonani Alley

5. Full Name of Mother, Janie Purnell

6. Mother's Maiden Name, Janie Dennis

7. Mother's Birthplace, Snow Hill Md

8. Full Name of Father, George Purnell

9. Father's Occupation, Sailor

Father's Birthplace, Snow Hill Md

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 58 W. West St.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-23-59

RETURN OF A BIRTH 98022.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pauline Muhl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 21st 1887
4. *Place of Birth (Street and Number),* Baltimore & Eutaw St
5. *Full Name of Mother,* Annie Muhl
6. *Mother's Maiden Name,* Annie Finke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry H. Muhl
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M. Shaffer

Address, 1139 Ridgely St

Remarks,

...livered, duly signed by the practitioner in the form of a certificate between the first and third day of ... and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and such person or persons who shall hereafter fail ... comply with the provisions of this section shall be subjected ... for each offence, to be recovered as other fines and forfeitures are recoverable.

... Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98023.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Baltimore City Oct. 01
4. *Place of Birth (Street and Number),* Baltimore cor Bigler
5. *Full Name of Mother,* Mary J. Kolmus
6. *Mother's Maiden Name,* Mary J. Connolly
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jacob D. Kolmus
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M Shafer

Address, 1137 Bigler

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to report the birth to mother, immediately the [redacted] it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and [redacted] such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9803.4.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 5 th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct. 22. nd 87
4. *Place of Birth (Street and Number),* 43. Parkin st
5. *Full Name of Mother,* Josphine Bowrstka
6. *Mother's Maiden Name,* Josphine Patocka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Botocka
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, 635 N. Pratt st.

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 98025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth;* October 22 - 1887
4. *Place of Birth (Street and Number),* 1024 W. Lanvale St Balto.
5. *Full Name of Mother,* Anna Julianna Bergen
6. *Mother's Maiden Name,* Neuman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Martin Bergen
9. *Father's Occupation,* Flour & Feed Business
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person in attendance upon the mother, immediately after the birth of the child to report its birth to the Commissioner of Health in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 98026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without ... the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the ... mother, [illegible] ... the duty of the person or parent of such child to report the birth ... the Commissioner of Health ... comply with the provisions of this section shall be subjected ... who shall hereafter fail to ... for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 22 October
4. Place of Birth (Street and Number), 1162 Low St.
5. Full Name of Mother, Barbara Farber
6. Mother's Maiden Name, Fladung
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Farber
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrig

Address, 1302 Holland St.

Remarks,

tim[illegible]e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	23rd October 97.
4. Place of Birth (Street and Number),	1022 Carlton st.
5. Full Name of Mother,	Anna Katharine Rauschmaier
6. Mother's Maiden Name,	" " Vogel
7. Mother's Birthplace,	Grossgemain, Bavaria, Germany
8. Full Name of Father,	Phil Rauschmaier.
9. Father's Occupation,	Draughtsman.
10. Father's Birthplace,	Munich, Germany.
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	October 23rd 1887
4. Place of Birth (Street and Number),	No 916 Lemon St.
5. Full Name of Mother,	Mary Klaig
6. Mother's Maiden Name,	" Wilmes
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Klaig
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 106 E. Howard St.
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth [illegible] any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other [illegible] be in attendance upon the mother, immediately [illegible] child to report the birth to the Commissioner of [illegible] any such person or persons who shall hereafter [illegible] comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be [illegible] covered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

1887
11

RETURN OF A BIRTH 98031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Oct. 24/87
4. Place of Birth (Street and Number),	1431 Gough St
5. Full Name of Mother,	Kate E. Waitzel
6. Mother's Maiden Name,	" " Berner
7. Mother's Birthplace,	Balt. City
8. Full Name of Father,	Henry Waitzel
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Balt. City
Name of Medical Attendant, or other person who makes this Return.	R.W. Mansfield M.D.
Address,	129 Lexington
Remarks,	

SECTION 7.—And be it further enacted that the [illegible] more under whose charge or superintendence a birth shall hereafter take place, [illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge of ... register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been registered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Oct 24/87
4. *Place of Birth, (Street and Number)*	N 2658 S. Durham St.
5. *Full Name of Mother,*	Dora Fisher
6. *Mother's Maiden Name,*	Kolzhausen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Fisher
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Krafft.
Address,	N 2405 S. Washington St
Remarks,	

Missing 98033

RETURN OF A BIRTH 98056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	25th day of October
4. Place of Birth (Street and Number),	1651 Hanover St
5. Full Name of Mother,	Minie Smith
6. Mother's Maiden Name,	Minie Smith
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	-
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, (or other person who makes this Return.)	Ina Mary Doelle
Address,	1783 Hanover St Baltimore Md
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore or who shall hereafter take charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The [illegible] Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Tuesday 25 of Oct. 1887
4. Place of Birth (Street and Number),	
5. Full Name of Mother,	Mary Elizebeth Seymour
6. Mother's Maiden Name,	" " " " " Banner
7. Mother's Birthplace,	Baltimore City. Md
8. Full Name of Father,	Walter C, Seymour
9. Father's Occupation,	Beer Brewer
10. Father's Birthplace,	Baltimore City Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Band
Address,	711 Cross St,
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City and every physician or surgeon who shall be called in to assist in any case of difficult labor, and every undertaker or other person who shall have charge or superintendence of a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother of such child shall within the time aforesaid make out and deliver the said schedule, duly signed by her, to the Commissioner of Health, and in case the father or other person having charge of such birth shall neglect or refuse to perform the duty required of him by this section, he shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98036.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted, that every birth which hereafter take place, shall be reported within ten days thereafter to the Commissioner of Health, by the physician or midwife in attendance, and in the absence of such physician or midwife, by the father or mother of such child, or the householder or owner of the premises where such birth shall take place, or the manager or superintendent of any institution where such birth shall take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 5th
4. Place of Birth (Street and Number),	905 N. Caroline St.
5. Full Name of Mother,	Ella Wood Giess
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Wm. G. Wood
9. Father's Occupation,	Clergyman
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	A. Wilson
Address,	1008 Mad. Ave.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 98037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted, that the superintendence a birth shall hereafter take place, shall report the same to the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been concealed, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in whose house the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 7
4. Place of Birth (Street and Number),	1 Broom St
5. Full Name of Mother,	Nannie Herlett
6. Mother's Maiden Name,	— Norris
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Jas W. Herlett
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	H. Mitchison
Address,	1008 Mad. Ave
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

7 80.38.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	October 19th 1887
4. *Place of Birth, (Street and Number)*	#1228 Jefferson St
5. *Full Name of Mother,*	Eliza J. Foster
6. *Mother's Maiden Name,*	Washington
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Robert Foster
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Mathews Co Virginia
Name of Medical Attendant, or other Person who makes this Return.	H. E. Hooke MD
Address,	1519 E Baltimore St
Remarks,	

SECTION 5.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore, or under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 9803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth [illegible] to be furnished by the Commissioner of Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Oct 25/87
4. *Place of Birth, (Street and Number)*	No 1825 Fairmount Ave
5. *Full Name of Mother,*	Louise Wolpmann
6. *Mother's Maiden Name,*	Krauch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Nikolaus Wolpmann
9. *Father's Occupation.*	Builder
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Krapf.
Address,	No 405 E. Washington St.
Remarks,	

THE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 98040.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 25 October
4. *Place of Birth (Street and Number),* 1208 Holland St.
5. *Full Name of Mother,* Maggie Miner
6. *Mother's Maiden Name,* " " Bernhardt
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Miner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Alex Rose Allen

Address, 1302 Holland

Remarks,

more under whose charge or [illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by [illegible] This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as fully as the same can be ascertained the full name of each child, (if any shall have been transferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98041.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 25 October
4. *Place of Birth (Street and Number),* 835 Steighor St
5. *Full Name of Mother,* Lillie Schellenberger
6. *Mother's Maiden Name,* " Becker
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wiliam Schellenberger
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Kate Ulrich

Address, 1302 Holland St Balt.

Remarks,

more under whose charge or supervision the same occurred, shall enter the same on a blank schedule to be furnished by the Registrar of Vital Statistics for the use of the register of such births, and shall enter the same on a blank schedule to be furnished by him or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been concealed, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98042.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Oct. 25/97
4. Place of Birth (Street and Number),	214 S. Carlington ave.
5. Full Name of Mother,	Elizabeth White
6. Mother's Maiden Name,	" Thompson
7. Mother's Birthplace,	Texas
8. Full Name of Father,	Fred'k White
9. Father's Occupation,	Marine
10. Father's Birthplace,	Somerset Co. Md
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	129 S. Broadway
Remarks,	

SECTION 7.—And be it further enacted that a birth shall hereafter take place, which [illegible] more under whose charge or superintendence a birth shall hereafter take place, shall [illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each [illegible] to be recovered as other fines are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9804.3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 15th. 1887
4. Place of Birth (Street and Number),	5035 N. Wolf St
5. Full Name of Mother,	Ida Gain
6. Mother's Maiden Name,	" Miller
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Wm F Gain
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A Burt.
Address,	1215 Monument St. cor Central av
Remarks,	Well Well

SECTION 1. And be it further enacted, That every person who shall hereafter take charge of or superintendence a birth shall hereafter take place, shall, within ten days thereafter, make or cause to be made a return thereof in writing to the registrar of such district, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98044

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall fail to report to the registrar aforesaid, advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th Oct - 1887 (Tuesday)
4. *Place of Birth, (Street and Number)* 40 N. Mount St - Balto
5. *Full Name of Mother,* Elizabeth Stronger
6. *Mother's Maiden Name,* Schubarty
7. *Mother's Birthplace,* Chestnut Ridge, Balto Co.
8. *Full Name of Father,* Lewis W. Stronger
9. *Father's Occupation,* Stonecutter
10. *Father's Birthplace,* Black Rock, Balto Co.

Name of Medical Attendant, or other Person who makes this Return Dandy Holmes

Address, 111 Mulberry Street

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 98545.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1)
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 25th 1887
4. *Place of Birth, (Street and Number)*	Enough st. # 2229
5. *Full Name of Mother,*	Mamie P. Richl. ~~Mamie Richl Shund.~~
6. *Mother's Maiden Name,*	Mamie Pickett Shund.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Henry Richl.
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Wiley
Address,	No 611 Patterson Park.
Remarks,	

Baltimore under whose charge or supervision a child is born, on a blank schedule to be furnished by the Registrar, the same day on which the birth occurs, or within the next twenty-four hours, and shall enter the same on a blank schedule to be furnished by the Registrar, under his or her care, during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable

J. C. FULLAM & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 98046.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 25th 10 45 P.M.

4. Place of Birth, (Street and Number) 907 E. Chase St.

5. Full Name of Mother, Mary Elizabeth McComb.

6. Mother's Maiden Name, Mary Elizabeth Lamb.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Joseph McComb.

9. Father's Occupation, Brass Moulder

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. H B Saunders MD

Address, 819 E. Chase St.

Remarks,

Section 7. And be it further enacted &c. that every person in charge of any lying-in asylum, hospital, almshouse, infirmary, or other institution, or any midwife, physician or other person under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct record of the particulars required by this schedule, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a parents, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, within ten days after the birth of any child, and any midwife, physician or other person who shall be in attendance upon the mother, immediately hereafter, shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98047.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 26"
4. *Place of Birth (Street and Number),* Jno Symington Hosp 622 W Lombard.
5. *Full Name of Mother,* Lola Sofus.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L E Beale M D.

Address, 319 W. Monument St.

Remarks,

Every person having charge or superintendence of a birth shall make a return thereof to the Commissioner of Health, or to such person as he may designate to receive the same, within ten days after the birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concerned,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98048.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 26
4. *Place of Birth (Street and Number),* Jue Spring en Hosp 622 W. Lombard.
5. *Full Name of Mother,* Sopha Gordon.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Seale M.D.

Address, 319 W. Monument St.

Remarks,

more under whose charge or supervision the same on a blank schedule to be furnished by the Registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of such births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98049.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	26 day of October.
4. Place of Birth (Street and Number),	Brocket Alley 203
5. Full Name of Mother,	Maggy Walter.
6. Mother's Maiden Name,	Maggy Godler.
7. Mother's Birthplace,	Germany Bamberg Bayern
8. Full Name of Father,	Max Walter
9. Father's Occupation,	Taylor.
10. Father's Birthplace,	Germany Baden
Name of Medical Attendant, or other person who makes this Return.	Mrs Ana Mary Godler.
Address,	1703 Hanover St Baltimore Md.
Remarks,	

more under whose charge or superintendence a birth shall occur, to furnish the Commissioner of Health with a correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case no birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 18050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	26th October
4. Place of Birth (Street and Number),	Shore St No 1233.
5. Full Name of Mother,	Cathrine Peterson
6. Mother's Maiden Name,	" Hien
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Andrew Peterson
9. Father's Occupation,	Labor man
10. Father's Birthplace,	Norway
Name of Medical Attendant, or other person who makes this Return.	Pauline Lienemann,
Address,	Shore street. 1225.
Remarks,	

more under whose charge or supervision a child is born, shall enter the same on a blank schedule to be furnished by the Commissioner of Health, for the register of such birth, and

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 26th October 1881
4. Place of Birth (Street and Number), No 1800 Payson
5. Full Name of Mother, Francesca Kopf
6. Mother's Maiden Name, Franesa Miller
7. Mother's Birthplace, Germany
8. Full Name of Father, John Miller
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, 191 West Lombard St

Remarks,

SECTION 1.—And be it further enacted, That every birth shall hereafter take place, shall keep a true and perfect register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 98052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Jewish
3. *Date of Birth,* 26 October
4. *Place of Birth (Street and Number),* 1157 Low St
5. *Full Name of Mother,* Nellie Goldstein
6. *Mother's Maiden Name,* " Denstmann
7. *Mother's Birthplace,* Rusia
8. *Full Name of Father,* Isaac Goldstein ~~Goldman~~
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Rusia

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrich

Address, 1302 Holland St

Remarks,

register of such births and shall make a list of the births which have occurred under his observation. This schedule shall contain a list of the births which have occurred under his observation. This schedule shall contain a list of the births which have occurred under his observation. If any shall have been conferred, its sex, color, the full name of each child, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct. 26th. 1897
4. Place of Birth (Street and Number),	1013 N. Central av.
5. Full Name of Mother,	K. Schaw
6. Mother's Maiden Name,	K. Wilkey
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Harry Schaw
9. Father's Occupation,	Gardner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. V. Butt
Address,	1245 Monument St. & Central av.
Remarks,	All Well

more under whose charge the child may be, at the time the same on a blank schedule to be furnished by the Commissioner of Health, for the purpose of registering the birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, for the purpose of register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, for the purpose of This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been con- fered,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, under penalty of forfeiture. In case the birth or any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 98054.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose care ... shall enter the same on a blank schedule, to be furnished by the Commissioner of ... register of such birth, and shall enter a list of the births which have occurred under his or her care during the ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3
1. *Sex*, (*state whether male or female*)	Female
2. *Race or color*, (*if not of the white race*)	
3. *Date of Birth*,	Oct 26 87
4. *Place of Birth*, (*Street and Number*)	No 1933 Eastern Ave
5. *Full Name of Mother*,	Lina Dittmair
6. *Mother's Maiden Name*,	Schöferlein
7. *Mother's Birthplace*,	Germany
8. *Full Name of Father*,	Henry Dittmair
9. *Father's Occupation*,	Storekeeper
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

... J. C. BALTHAST & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 98056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 27th. /87
4. Place of Birth (Street and Number),	620 Constitution St.
5. Full Name of Mother,	M. A. Brosheer
6. Mother's Maiden Name,	M. Kelly
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo. Brosheer
9. Father's Occupation,	Brassfinisher
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A. Butt
Address,	1245 Monument St. & Centre Ave.
Remarks,	N.C. Mill

more under whose charge or supervision a birth occurs to be furnished by the Commissioner of Health. register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a Certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the fact to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 27th 1887
4. *Place of Birth (Street and Number),* Baltimore & 12 Conway St
5. *Full Name of Mother,* Lucy A Taylor
6. *Mother's Maiden Name,* Lucy A Miles
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles L. Taylor
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return. Mrs McGuire

Address, 1139 Bilney St

Remarks,

more under whose charge or superintendence a birth shall occur, shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 98054.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first 1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	27 October 1887
4. *Place of Birth, (Street and Number)*	620 Rugby Alley
5. *Full Name of Mother,*	Jennie Sye
6. *Mother's Maiden Name,*	Jennie Sye
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. Smith.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Richardson
Address,	315 King Street.
Remarks,	

"That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 98058.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	27 October 1857
4. Place of Birth (Street and Number),	736 West Franklin St
5. Full Name of Mother,	Moller Wirth
6. Mother's Maiden Name,	Moller Baste
7. Mother's Birthplace,	West River
8. Full Name of Father,	George Wirth
9. Father's Occupation,	Barber
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	29 N. Payne Lane St
Remarks,	

more under whose charge or supervision a case of [illegible] is placed, shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall register if such birth, and

RETURN OF A BIRTH 98059.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of October
4. *Place of Birth, (Street and Number)*	Franklin St. No 508 N.W.
5. *Full Name of Mother,*	Katie ~~Denges~~ Bien
6. *Mother's Maiden Name,*	Katie Denges
7. *Mother's Birthplace,*	Australia
8. *Full Name of Father,*	Henry Bien
9. *Father's Occupation,*	Basket Maker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	L Worden
Address,	936 Lyndenmount Ave
Remarks,	

under whose charge or Superintendence a birth shall hereafter occur in the ... Commissioner of Health. This schedule shall contain ... and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 te

1. *Sex, (state whether male or female)* Babe
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 25 ten October 1882
4. *Place of Birth, (Street and Number)* Harper Hist No 1845
5. *Full Name of Mother,* Charlotte Bäer
6. *Mother's Maiden Name,* Franck
7. *Mother's Birthplace,* Germanien
8. *Full Name of Father,* William Baier
9. *Father's Occupation,* Wool Mann
10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Howard Hist Street No 60

Remarks,

SECTION 4. Be it ordained, That it shall be the duty of the Commissioner of Baltimore under whose charge or superintendence a birth shall hereafter take place, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother [illegible] become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 98061.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	26th October 1887
4. Place of Birth (Street and Number),	Baltimore c/o 922 Lemon St
5. Full Name of Mother,	Mrs Mary Murphy
6. Mother's Maiden Name,	" Lacey
7. Mother's Birthplace,	Ardcavan Wexford Ireland
8. Full Name of Father,	Patrick Murphy
9. Father's Occupation,	Labor
10. Father's Birthplace,	Co Wexford Ireland
Name of Medical Attendant, or other person who make this Return.	Chas Hunter
Address,	23 N Poppleton St
Remarks,	

more under whose charge ... to enter the same on a blank schedule to be furnished by the Registrar. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	28 of October 1887
4. *Place of Birth, (Street and Number)*	1409 Lemmon Street
5. *Full Name of Mother,*	Sarah Wilson
6. *Mother's Maiden Name,*	Sarah Madden
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Wilson
9. *Father's Occupation,*	William Wilson
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Richardson
Address,	315 King Street
Remarks,	

under whose charge or Superintendence a birth may occur, to be furnished by the Commissioner of Health. This form is the same can be and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

more under whose charge or supervision the same on a blank schedule to be furnished by him or her care during the month. register of such birth, and shall enter the same on a blank schedule to be furnished by him or her care during the month. This schedule shall contain a list of the births which have occurred under his or her charge or supervision, and shall have been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Oct. 28/87
4. Place of Birth (Street and Number),	207 Albemarle St.
5. Full Name of Mother,	Rebecca Jane Lewis
6. Mother's Maiden Name,	" " Ohl
7. Mother's Birthplace,	Bald. Co. Md
8. Full Name of Father,	Jos. H. Lewis
9. Father's Occupation,	Driver
10. Father's Birthplace,	Bald. Co.
Name of Medical Attendant, or other person who makes this Return.	Wm. Mansfield M.D.
Address,	129 S Broadway
Remarks,	

The Baltim[illegible] Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98064.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct. 28th 1897
4. *Place of Birth (Street and Number),* 512 Madison St. Baltimore
5. *Full Name of Mother,* Kate Smith
6. *Mother's Maiden Name,* Kate Weitbrecht
7. *Mother's Birthplace,* Balto City, Md.
8. *Full Name of Father,* Wm. H. Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bangel

Address, 711 Cross St.

Remarks,

more under whose care ... register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98665.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished to him or her by the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Oct 28/87
4. *Place of Birth, (Street and Number)*	No 1823 Canton Ave
5. *Full Name of Mother,*	Rosa Gergen
6. *Mother's Maiden Name,*	Wedemsky
7. *Mother's Birthplace,*	Polen
8. *Full Name of Father,*	Peter Gergen
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 98066.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct 29-87
4. *Place of Birth (Street and Number)*	1600 Orleans St
5. *Full Name of Mother*	Lizzie Lullhoff
6. *Mother's Maiden Name*	" Glasser
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Charles Lullhoff
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	J. W. Cattell M.D.
Address	4 N Broadway
Remarks	Mother miscarried at 7th months pregnancy Babe lived 53 hours and then died

RETURN OF A BIRTH 98067.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 5

1. Sex, (~~state whether~~ male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 29 - 87
4. Place of Birth, (Street and Number) 903.
5. Full Name of Mother, Anna Hadley
6. Mother's Maiden Name, Pazourek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Hadley
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Kate Pazourek

Address, 1641 Eutaw St

Remarks,

Ratio... register of such birth, and shall enter the same on a blank ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 98068.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Oct 29/87

4. Place of Birth, (Street and Number) # 6 Broad alley

5. Full Name of Mother, Chase Gubblum

6. Mother's Maiden Name, Ï Gerber

7. Mother's Birthplace, Russia

8. Full Name of Father, Abram Gubblum

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Rebecca Kaplan

Address, # 901 Pratt St.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, Commissioner of Health. This schedule shall be filled and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Oct 29th 1887
4. *Place of Birth, (Street and Number)*	810 William St
5. *Full Name of Mother,*	Mary C North
6. *Mother's Maiden Name,*	Mathe
7. *Mother's Birthplace,*	North Umberland Co. Pa.
8. *Full Name of Father,*	Thomas L North
9. *Father's Occupation,*	Employed by the Adams Express Co.
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs S. L. Lewis
Address,	825 William St City
Remarks,	

SECTION 7—And be it further enacted and ordained that [illegible] shall keep a true and correct register of [illegible] under whose charge or Superintendance a birth shall happen; and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care since [illegible] ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Oct 29th 1857
4. *Place of Birth (Street and Number),* No 1415 South Charles st
5. *Full Name of Mother,* Edith Parker
6. *Mother's Maiden Name,* Edith E Lloyd
7. *Mother's Birthplace,* Salisbury Md
8. *Full Name of Father,* John Parker
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. E Hinton

Address, No 1616 South Charles st

Remarks,

more under whose charge or supervision [illegible] a blank schedule to be furnished by the Commissioner of Health, to be filled up by the [illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of [illegible] mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct 6 1887
4. *Place of Birth, (Street and Number)*	703 Harford Ave
5. *Full Name of Mother,*	Rosa Price
6. *Mother's Maiden Name,*	" Poole
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Orville Price
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md.) U.S.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Robinson MD
Address,	775 Fremont Ave.
Remarks,	

Every person having charge or superintendence of any institution to be furnished by the Commissioner of Health with blank schedules to be filled up as far as the same can be and shall enter the same on a blank schedule to be furnished by the Commissioner of Health as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall knowingly fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. 98072

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17th Oct 1879
4. *Place of Birth, (Street and Number)* 716 Sharp
5. *Full Name of Mother,* Ella Langmead Kane
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* Alfred Langmead Bricklayer
9. *Father's Occupation,*
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return John Webster

Address, 106 Bond

Remarks,

of Baltimore, [illegible] and shall enter the name [illegible] exact register of such birth, and shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. G. PIET & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 98073.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st Oct. 1887

4. Place of Birth, (Street and Number) 203 S. Eutaw

5. Full Name of Mother, Mary Jaeger Dietz

6. Mother's Maiden Name, Jaeger

7. Mother's Birthplace, Basel

8. Full Name of Father, Adam Dietz

9. Father's Occupation, Dentist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. H. Detwiler

Address, 106 Monroe

Remarks,

of legitimate, and shall enter the same in a book to be kept for the purpose, in the exact register of such birth, and shall enter the said [illegible] in the [illegible] thereof, in the manner of the Registrar. This schedule shall contain a list of the births which have occurred under its jurisdiction during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. B. FEAT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 98074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 27 87.
4. Place of Birth, (Street and Number)	906 E. Chase St
5. Full Name of Mother,	M. E. Cousins
6. Mother's Maiden Name,	M E. Drane
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	E. N. Cousins
9. Father's Occupation,	Moulder
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Robinson
Address,	725 Greene Ave
Remarks,	

under whose charge or supervision [illegible] shall be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person [illegible] in attendance upon the mother, immediately thereafter [illegible] shall receive the duty of the person or parents of such child to [illegible] its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and [illegible] are recoverable.

RETURN OF A BIRTH 98075.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 24th 1887

4. Place of Birth, (Street and Number) 237 N High St

5. Full Name of Mother, Catherine Klug

6. Mother's Maiden Name, Hough

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm J. Klug

9. Father's Occupation, Merchant (Dry goods)

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Saml [illegible] M.D.

Address, 314 N Eutaw St

Remarks,

under whose charge or Superintendence a child may be born, shall furnish, by the Commissioner of Health. This schedule shall be filled out and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each case to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98076.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	October 26th 1887.
4. *Place of Birth, (Street and Number)*	1705 Light St.
5. *Full Name of Mother,*	Mary Francis Hopkins.
6. *Mother's Maiden Name.*	" " Bratzel.
7. *Mother's Birthplace,*	Balto City.
8. *Full Name of Father,*	James R. Hopkins.
9. *Father's Occupation,*	Superintendent - city - P.R.R.
10. *Father's Birthplace,*	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Talt. M.D.
Address,	5-24 Church St.
Remarks,	

under whose charge or Superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98077.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 24th
4. *Place of Birth, (Street and Number)* 106 N. Gilmor
5. *Full Name of Mother.* Lula E. Campbell
6. *Mother's Maiden Name,* " " Whipple.
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father* John A. Campbell
9. *Father's Occupation,* Laborer B & O. R. R.
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Truman F Hill

Address, 22 N. Calhoun st.

Remarks,

under whose charge of ... and shall enter the same on a blank schedule to be furnished by the Commissioner, and shall set forth as far as the same can ... list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, &c., the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the ... child of any such mother, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd 98078.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 29th 1887
4. Place of Birth, (Street and Number)	508 Aisquith Street
5. Full Name of Mother,	Ella L. Lessner
6. Mother's Maiden Name,	Ella L. Riley
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	William Lessner
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	James E. Whitlock M.D.
Address,	819 Aisquith Street
Remarks,	

of each birth, and shall enter the same in a list of the births which he is required under this section to report. This schedule shall contain a list of the births which have occurred under his observation during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of which any name shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the same to the Board of Health, in the manner, and within the period above required, except in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N & PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 98079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* 29th October

4. *Place of Birth, (Street and Number)* No. 400 Forest Ave. corner

5. *Full Name of Mother,* Anna Dent

6. *Mother's Maiden Name,* McConnell

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Fredrick Dent

9. *Father's Occupation,* Barkeeper

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conant

Address, No 528 Washington Ave.

Remarks,

under whose charge or supervision a blank so made to be furnished by the Commissioner of Health, and shall set forth as far as the same can be and shall enter the same on a blank so made to be furnished by the Commissioner of Health, and shall set forth as far as the same can be him or the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	Oct 29, 87
4. Place of Birth (Street and Number),	2427 Eutaw Ave.
5. Full Name of Mother,	Juliet Hillmeyer
6. Mother's Maiden Name,	Juliet Simms
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	Jno. F. Hillmeyer
9. Father's Occupation,	Insurance Agt.
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	L. R. Pennington M.D.
Address,	416 Mulberry St. City
Remarks,	

register of such birth, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 9 50 81.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct 29. 81
4. *Place of Birth. (Street and Number)*	207 Scott St
5. *Full Name of Mother*	Lillie Duncan
6. *Mother's Maiden Name*	" Holloman
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	James Duncan
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace*	Scotland.
Name of Medical Attendant, or other Person who makes this Return.	Stewart. M.D.
Address	817 N. Fremont St
Remarks	

RETURN OF A BIRTH 98082,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* female.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 29"
4. *Place of Birth (Street and Number),* The Lying in Hosp. 622 W Lombard.
5. *Full Name of Mother,* Sadie Jennings
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St

Remarks,

register of such birth, and shall enter the same upon the blank which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98082.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Oct. 29/87
4. Place of Birth (Street and Number),	1834 Eastaue
5. Full Name of Mother,	Catherine Stonel-
6. Mother's Maiden Name,	Catherine Summers
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	John H. Hersh
9. Father's Occupation,	Feed Dealer
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	Rob. Mansfield M.D
Address.	129 S. Broadway
Remarks,	

more under whose charge he may be, and shall enter the same on a blank schedule to be furnished by the Registrar of such births, and shall enter the same on a blank schedule to be furnished by the Registrar of such births, and shall enter the same on a blank schedule to be furnished by the Registrar of such births

RETURN OF A BIRTH 98084.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* Colored.
3. *Date of Birth,* Oct. 2 9
4. *Place of Birth (Street and Number),* In dying in Hosp 622 W. Lombard.
5. *Full Name of Mother,* Eliza Haymon.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Beale M. D.

Address, 319 W. Monument St

Remarks,

register of such births, and shall file the births which have occurred under his charge. This schedule shall contain a list of the births which have occurred under the charge of each physician and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother, or in her absence, the nearest relative present, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98085.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule furnished for the purpose. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 29th 1887
4. Place of Birth (Street and Number),	926 N. Caroline St.
5. Full Name of Mother,	Maria Kinnelins
6. Mother's Maiden Name,	Hubert
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John Kinnelin
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. N. Burk.
Address,	1245 Monument St. & Central av.
Remarks,	All Well

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98046.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* October 29 1897
4. *Place of Birth (Street and Number),* No 3 Harford alley
5. *Full Name of Mother,* mary Flood
6. *Mother's Maiden Name,* mary Butler
7. *Mother's Birthplace,* St marys Co md
8. *Full Name of Father,* Christopher Flood
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Franklin Co va

Name of Medical Attendant, or other person who makes this Return. mrs Charles Jones

Address, 10 mulberry St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her charge during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 98087

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Oct 19th 1897
4. Place of Birth (Street and Number)	1116 Brenton Alley.
5. Full Name of Mother	Emily Hunter
6. Mother's Maiden Name	Emily Hunter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Hunter
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	J. B. Barker Jr M D
Address	1116 Brenton Alley
Remarks	

RETURN OF A BIRTH 98088.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 29th Oct.
4. *Place of Birth (Street and Number),* 701 Fawn and Fitzhugh
5. *Full Name of Mother,* Sarah E. Lynch
6. *Mother's Maiden Name,* Sarah E. Lynch
7. *Mother's Birthplace,* Shrewsbury York Penn
8. *Full Name of Father,* Charles Henry Bange
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 711 Cross St.

Remarks,

more under the same number, as he may be required to do by the Registrar of Vital Statistics, and shall enter the name on a blank schedule to be furnished by the Registrar of such birth, and shall enter the name on a blank schedule to be furnished by the Registrar of Vital Statistics

RETURN OF A BIRTH 98089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 29, 87

4. Place of Birth, (Street and Number) 1039 Hillen St

5. Full Name of Mother, mrs. Sophia Hamilton

6. Mother's Maiden Name, Sophia Wilkinson

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, ~~Jno~~ H. E. Hamilton

9. Father's Occupation, Restaurant

10. Father's Birthplace, Washington, D.C.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Woodcock

Address, 936 Greenmount Av

Remarks,

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under whose charge [illegible] and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person [illegible] report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of [illegible] dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98090.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 Oct 1887
4. *Place of Birth, (Street and Number)* 330 Paris St.
5. *Full Name of Mother,* Mary Ellen Brockey
6. *Mother's Maiden Name,* Mary Ellen Manning Gistar
7. *Mother's Birthplace,* Frederick County Md
8. *Full Name of Father,* George David Brockey
9. *Father's Occupation.* Coal Driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Ellen Brockey

Address 414 South Stricker St

Remarks, Mother and child are doing well

under whose charge the same is to be furnished by the Commissioner of Health, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive), the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98091.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 29 th
4. *Place of Birth, (Street and Number)*	2043 E. Pr. Ave.
5. *Full Name of Mother,*	Francis Agusta Adams
6. *Mother's Maiden Name,*	Walker
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Caesus Stewart Adams
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Wicomico Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	E. P. Cross M.D.
Address,	1835 E. Baltimore St.
Remarks,	

under whose charge or Superintendence [illegible] to be furnished by the Commissioner of Health. This schedule shall contain and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred upon it, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98092.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th and 5th twins

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* October 30 1897
4. *Place of Birth,* (Street and Number) Abys street No 1043
5. *Full Name of Mother,* Anna Martin
6. *Mother's Maiden Name,* Anna Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Martin
9. *Father's Occupation,* Labourer
10. *Father's Birthplace.* King and queens county va

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 1003 Abys street

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

BALTIMORE & OHIO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 98098.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 30th 1897
4. Place of Birth (Street and Number),	1518 Chew St.
5. Full Name of Mother,	Thresa Blankholt
6. Mother's Maiden Name,	Thresa Albert
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Blankholt
9. Father's Occupation,	Shoe maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. F. Bull
Address,	1245 Monument St. Baltimore
Remarks,	All Well

Register of such birth, and shall enter the same on a blank ... This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98094.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* [redacted] October 30th 1897
4. *Place of Birth (Street and Number),* # 718 McHenry Stret.
5. *Full Name of Mother,* Matilda Ward
6. *Mother's Maiden Name,* Kicklam
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Bennet Ward.
9. *Father's Occupation,* Police man.
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return. Dr. W. C. Chandlee

Address, N. E. Cor. Columbia & Fremont Aves.

Remarks,

registrar of such birth, and shall make a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concerned, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 30 October
4. *Place of Birth (Street and Number),* 1232 Orleans St
5. *Full Name of Mother,* Annie Deitrick
6. *Mother's Maiden Name,* " Hertel
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John Deitrick
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Uhlig

Address, 1302 Hollond

Remarks,

This schedule shall contain as far as the same can be ascertained the full name, date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 98096.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. (1st)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 30th 1887
4. Place of Birth (Street and Number)	No. 911 Mulberry St
5. Full Name of Mother	Clara Adele Miles
6. Mother's Maiden Name	Bodenwick
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Samuel Milton Miles
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return	Louis W. Knight M.D.
Address	414 N. Greene
Remarks	

RETURN OF A BIRTH 98097.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 30th 87
4. Place of Birth (Street and Number),	1124 W Cross St.
5. Full Name of Mother,	Josephine E Beauchamp
6. Mother's Maiden Name,	Josephine E. Robert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George R Beauchamp
9. Father's Occupation,	House carpenter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cottrell
Address,	16 E Montgomery St.
Remarks,	

Register of such births, and a certified list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 98098.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 3rd 1887
4. Place of Birth, (Street and Number) 814 N Stricker St
5. Full Name of Mother, Florence E. Yewell
6. Mother's Maiden Name, " Wilkinson
7. Mother's Birthplace, Md
8. Full Name of Father, Frank E. Yewell
9. Father's Occupation, Broker
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Geo H Copeland

Address, Fayette & Howard Sts

Remarks,

under whose charge or Superintendence a birth shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Law Printers and Stationers.

RETURN OF A BIRTH 98099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* Colored.
3. *Date of Birth,* Oct 30"
4. *Place of Birth (Street and Number),* The Lying in Hosp. 622 W. Lombard.
5. *Full Name of Mother,* Bettie Smith.
6. *Mother's Maiden Name,* Not known.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Steal & M.D.

Address, 319 W. Monument St

Remarks,

register of such birth, and shall make the same. This schedule shall contain a list of the births which have occurred since the last return, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Oct 30 1887
4. Place of Birth, (Street and Number)	217 Canal Alley
5. Full Name of Mother,	Eliza Collins
6. Mother's Maiden Name,	Eliza James
7. Mother's Birthplace,	Frederick city Md
8. Full Name of Father,	Geo. M. Collins
9. Father's Occupation,	Richmond Va
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. Banks
Address,	1697 E Eutaw St
Remarks,	

and shall enter the same on a register to be kept by him or her for that purpose during the month, and shall in like manner enter the full name and occupation of the father of the child (if any shall have been conferred,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child so to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 15 Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 30 of Oct 1887
4. Place of Birth (Street and Number),	No 905 East Eutaw St
5. Full Name of Mother,	Anna Finkernach
6. Mother's Maiden Name,	Anna Wiedenbauer
7. Mother's Birthplace,	St Marys Co Md
8. Full Name of Father,	Jorge Finkernach
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm C Lauer
Address,	No 105 E Fayette St
Remarks,	Bal Md
	1887

...register of such births, and shall enter the same as they have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the ... the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

98102

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl Female

2. *Race or Color, (if not of the white race)* Col

3. *Date of Birth,* Oct 30th 1894

4. *Place of Birth, (Street and Number)* Bittel St No 214

5. *Full Name of Mother,* Sarah Denis

6. *Mother's Maiden Name,* Sarah Fisher

7. *Mother's Birthplace,* Pake Co, all uncertain

8. *Full Name of Father,* Charles Denis M.D.

9. *Father's Occupation,* Dr)

10. *Father's Birthplace,* Father

Name of Medical Attendant, or other Person who makes this Return, Dr Mrs H. H. Smith

Address, No 1516 nc Eleburn St

Remarks, Miss Carredi Abort 6½ months
Girl 5 mins She Hurt Juice Left with Mark Bolle

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth 30th Nov.
4. Place of Birth, (Street and Number) No 216 East St
5. Full Name of Mother, Mary Lizzie griffin
6. Mother's Maiden Name, Mary Lizzie Green
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richet green
9. Father's Occupation, Oyster shucker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Darkey Tomlin

Address, No 908 Chestnut St

Remarks,

...shall enter the same on a blank schedule to be ... the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been confirred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95104.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 30th. 1895
4. Place of Birth (Street and Number),	1217 Dallis St.
5. Full Name of Mother,	Lizzie Fetch
6. Mother's Maiden Name,	Lizzie Eckelhant
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Fetch
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. M C A. Burt
Address,	1245 Monument St. & Central av.
Remarks,	Ill Well

This schedule shall contain a list of the births [illegible] and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in due form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 October
4. *Place of Birth, (Street and Number)* 913 Central Ave.
5. *Full Name of Mother,* Margaret Schuster
6. *Mother's Maiden Name,* Heistad
7. *Mother's Birthplace,* Hessen Cassel
8. *Full Name of Father,* Jean J Schuster
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Balt. city

Name of Medical Attendant, or other Person who makes this Return. Emma Walter

Address, 1149 E. Eager Street

Remarks,

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either Written Certificate of the Physician or Midwife in attendance upon the birth, or if there be no such Physician or Midwife in attendance, then the Certificate of the Father or Mother of the child, or the Householder in whose house the birth occurred, or the Undertaker who first shall be employed after the birth to bury the child, shall be sufficient authority for the Registrar to enter the same on a blank schedule to be furnished by the Commissioner of [illegible] and shall enter the name and date of birth of each child born alive within the City of Baltimore, and shall enter the names of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or by the person making the return, to the Registrar of the District in which the birth occurred, within ten days after the birth of any child shall occur; without the attendance of a Physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five ($5) dollars for such offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Black
3. *Date of Birth,* Oct. 8, 1887
4. *Place of Birth (Street and Number),* Maternité
5. *Full Name of Mother,* Rachel Williams
6. *Mother's Maiden Name,* Not known
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. William H. Harris

Address, 410 Hanover St

Remarks,

...register of such birth, and shall enter the same in a book which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained: the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 98107.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Negro
3. *Date of Birth,* Oct 1st
4. *Place of Birth (Street and Number),* Maternity
5. *Full Name of Mother,* Lucy Wright
6. *Mother's Maiden Name,* Same
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. William S. Glanz, M.D.

Address, 410 Hanover St

Remarks,

register of such birth, and shall enter the same on a blank [illegible] under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons in charge of such child to report the birth to the mother, immediately thereafter it shall become the duty of the person or persons [illegible] and 22d any such person or persons the commissioner of Health, in the manner and within the period above required. who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 98108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	20th of October
4. Place of Birth (Street and Number),	351 S. Monroe st
5. Full Name of Mother,	Mrs Annie M. Davis
6. Mother's Maiden Name,	Annie M Saffran
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr Chesterfield Davis
9. Father's Occupation,	Cabinet maker
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Mrs Dunay
Address,	1927 W. Lombard st.
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty not to exceed Fifty Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 98109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 2 1897
4. *Place of Birth (Street and Number),* Maternite
5. *Full Name of Mother,* Angela Adam
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return William O'Leary

Address, 410 Aisquith St

Remarks,

register of such birth, and shall also furnish a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 2 - 1895
4. *Place of Birth (Street and Number),* Maternity
5. *Full Name of Mother,* Amelia Slezka
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. William O'Donovan

Address, 410 Hanover St

Remarks,

register of each birth, and shall deliver a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter in a book to be kept for that purpose a record of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month. and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 26
4. *Place of Birth (Street and Number),* Maternité Annex Patterson
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md
8. *Full Name of Father,*
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. Dr Wilson Palmer

Address, 410 Saratoga St.

Remarks,

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98112.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Oct 29 — 1887.
4. *Place of Birth, (Street and Number)*	1428 Battery Av
5. *Full Name of Mother,*	Emma Klausner
6. *Mother's Maiden Name,*	Frank.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Gustav Klausner.
9. *Father's Occupation,*	Cigar maker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser Midwife.
Address,	1032 Hanover st
Remarks,	

Register of births [illegible] Health. This schedule shall contain a list of the births which have occurred of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. RULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 98113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	October 29. 1887
4. *Place of Birth, (Street and Number)*	58 N. Stiles Street
5. *Full Name of Mother,*	Lida Suman
6. *Mother's Maiden Name,*	Lida Pitt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J. Grace Suman
9. *Father's Occupation,*	Coal Dealer
10. *Father's Birthplace,*	Frederick City
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address,	2124 St. Paul St.
Remarks,	Child Healthy

Under whose charge or Superintendence a Birth shall occur, a Return thereof shall be furnished by the Commissioner of Health. This Return can be filled out and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Oct 29 — 1887.
4. *Place of Birth, (Street and Number)*	122 Hamburg st.
5. *Full Name of Mother,*	Emma Diabbia.
6. *Mother's Maiden Name,*	Buty.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Albert Dbia.
9. *Father's Occupation,*	Arab.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

register of such birth, and shall contain a list of the births which have occurred since the last return made to the Board of Health. This schedule shall contain a list of the births which have occurred since the last return made to the Board of Health, and the name of each child, if any shall have been given, and if not, the fact shall be ascertained the full name of each child, if any shall have been given, and if not, the fact shall be ascertained the full name of each child, if any shall have been given, and if not, the fact shall be ascertained the full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained the full name of its parents, the date and place of birth, and the been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner as aforesaid, or should no such physician or shall occur without the attendance of a physician or practitioner as aforesaid, or should no such physician or other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 98115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 to

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* B. F.
3. *Date of Birth,* Oct 30 th 1887
4. *Place of Birth, (Street and Number)* 2008 Eastern ave
5. *Full Name of Mother,* Ellen Kane
6. *Mother's Maiden Name,* " McClellan
7. *Mother's Birthplace,* New Haven, Conn
8. *Full Name of Father,* Thomas Kane
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return. J. L. Sweeney

Address, 2260 S. Bond

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98116.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Oct 8/87
4. *Place of Birth, (Street and Number)* No 1408 Bank St
5. *Full Name of Mother,* Marg. Holdörfer
6. *Mother's Maiden Name,* Ramsaber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F. Holdörfer
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft,

Address, No 405 S. Washington St

Remarks,

RETURN OF A BIRTH.

98117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. Duncan Alley.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	Oct. 31. A.D. 1887.
4. Place of Birth (Street and Number)	No. 928. Duncan. Alley.
5. Full Name of Mother	Mrs. Maria. Steward.
6. Mother's Maiden Name	Miss Maria Ritter.
7. Mother's Birthplace	Cambridge. Md.
8. Full Name of Father	George. Steward.
9. Father's Occupation	Hod. carrier.
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	Dealia. Thomas.
Address	Duncan. Alley.
Remarks	none.

RETURN OF A BIRTH 98118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct. 31/87
4. Place of Birth (Street and Number),	1718 Gough St
5. Full Name of Mother,	Annie Hertel
6. Mother's Maiden Name,	" Buch
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Henry Hertel
9. Father's Occupation,	Brick Maker
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Rud. Manasek M.D.
Address,	129 N. Bond.
Remarks,	

register of such births, and shall contain a list of the births which have occurred under his charge during the preceding month. This schedule shall contain a list of the births which have occurred under his charge during the preceding month. This schedule shall contain a list of the births which have occurred under his charge during the preceding month. This schedule

RETURN OF A BIRTH 98119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Oct 31/87
4. *Place of Birth, (Street and Number)* No 618 S. Register St.
5. *Full Name of Mother,* Kate Volz
6. *Mother's Maiden Name,* Knierichm
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Volz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krafft.

Address, No 405 S. Washington St

Remarks,

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9512 C.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st.)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 31st 1887.
4. Place of Birth, (Street and Number) # 224 S. Gilmor St.
5. Full Name of Mother, Julia O'Brien
6. Mother's Maiden Name, Julia Curran
7. Mother's Birthplace, Ellicotts city, Md.
8. Full Name of Father. Wm. H. O'Brien
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Ellicotts city. Md.

Name of Medical Attendant, or other Person who makes this Return. H. C. Ohlel. M.D.

Address, U.E. cor. Carrollton Ave & Fayette St.

Remarks,

and shall enter the same on a blank ... under his or her care during the month, and shall ... ascertained the full name of each child (if any shall have been born) ... parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98121.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the date of the births which have occurred under his observation during the preceding month, in a list of the births which have occurred under his observation during the preceding month, and shall contain a list of the births which have occurred under his observation during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Oct 31 1887
4. *Place of Birth, (Street and Number)*	1232 Scott St
5. *Full Name of Mother,*	Maggie Long
6. *Mother's Maiden Name,*	Maggie Turner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas F Long
9. *Father's Occupation,*	Veterinary Surgeon
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham M.D.
Address,	125 Fountain ave
Remarks,	

RETURN OF A BIRTH 98122.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female),* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 31st 87

4. *Place of Birth, (Street and Number)* 1232 S Paca St

5. *Full Name of Mother,* Mrs Emilie Fritz

6. *Mother's Maiden Name,* Williams

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William Fritz

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Forsythe

Address, 1114 S Broadway

Remarks,

Guy, Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	21st October
4. *Place of Birth (Street and Number),*	715 E. Fondard
5. *Full Name of Mother,*	Caroline Siegle
6. *Mother's Maiden Name,*	Eckhardt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Franz G. Siegle
9. *Father's Occupation,*	Liquor Dealer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Bastek
Address,	1016 E. Fondard st.
Remarks,	

Register of such Births, and shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born dead, it shall be so stated,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the residence of the parents at the time of the birth. And every such physician or midwife shall make out and deliver to the parent or nearest relative of each child born, a certificate containing the same particulars as are required to be stated in the schedule to be made by the practitioner in the form of a certificate between the first and third day of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98124.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births, and shall contain a list of the births which have occurred within each district during each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form or a certificate between the first and third days of each month [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 31st 1917
4. *Place of Birth, (Street and Number)* 1 Lucas Ct
5. *Full Name of Mother,* Elizabeth Riley
6. *Mother's Maiden Name,* Elizabeth Bailey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Riley
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelly

Address, 2012 Hillman ave

Remarks,

RETURN OF A BIRTH 98128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under the [illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be in attendance than the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) Third (3d)

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, October 31st, 1887
4. Place of Birth (Street and Number), No. 10 Aisquith Street
5. Full Name of Mother, Mrs. Eliza Jane Lester
6. Mother's Maiden Name, Miss Eliza J. Medley
7. Mother's Birthplace, St. Mary's County, Md.
8. Full Name of Father, Mr. James Thomas Lester
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm H Clendenen, M.D

Address, No. 418 N. Broadway

Remarks, Nurse, Mrs Mary F. Lester, Mother in Law
No. 1616 E. Madison Street

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st C 8126

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 31, 1887

4. Place of Birth, (Street and Number) 28 N. Mount st

5. Full Name of Mother, Margaret L. Harris

6. Mother's Maiden Name, Margaret L. Rigg

7. Mother's Birthplace, Penna

8. Full Name of Father, George W. Harris

9. Father's Occupation, Clerk

10. Father's Birthplace, Conn

Name of Medical Attendant, or other Person who makes this Return. Edward F. Condon M.D.

Address, 1403 W Fayette st

Remarks,

and shall enter the same of a ... during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9815 1.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	october 31 1887
4. *Place of Birth, (Street and Number)*	greens Court No 1013
5. *Full Name of Mother,*	Allice baily
6. *Mother's Maiden Name,*	Allice Jones
7. *Mother's Birthplace,*	Dorchester County
8. *Full Name of Father,*	John baily
9. *Father's Occupation,*	painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary E Anderson
Address,	1003 Abys Street
Remarks,	

WM. ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 98128.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the Birth of any child, within the City of Baltimore, must report [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 31st 1887
4. *Place of Birth, (Street and Number)* 1540 Penn ave
5. *Full Name of Mother,* Mary J Lockhart
6. *Mother's Maiden Name,* Mary E. Gilbert
7. *Mother's Birthplace,* Westmoreland Co Va
8. *Full Name of Father,* Henry Lockhart
9. *Father's Occupation,* Judge Lodge
10. *Father's Birthplace,* New Jersey

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Harris M.D.

Address, 871 Harlem avenue

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 98129.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 31st. 1887
4. Place of Birth (Street and Number),	49 Caroline St.
5. Full Name of Mother,	Maggie Sanders
6. Mother's Maiden Name,	Maggie Silver
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jacob Sanders
9. Father's Occupation,	Broom Dealer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Brust
Address,	N 1245 Monument St. & Central av.
Remarks,	All Well

This schedule shall contain a list of the births which have occurred in the family since the last return, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been omitted, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be returned, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Color White
3. Date of Birth,	31 October
4. Place of Birth (Street and Number),	1247 Eutaw st Balt Md
5. Full Name of Mother,	Brigit Wise
6. Mother's Maiden Name,	Brigit Kern
7. Mother's Birthplace,	Balt Md
8. Full Name of Father,	John Wise
9. Father's Occupation,	Gunner.
10. Father's Birthplace,	Balt Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	711 Cross St
Remarks,	

register of such birth. [illegible] list of the births which have occurred under his care during the month. This schedule shall contain a list of the births which have occurred under his care during the month, and shall be delivered, duly signed by the practitioner, to the Commissioner of Health, on or before the first day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 31 October
4. *Place of Birth (Street and Number),* 1130 Low St
5. *Full Name of Mother,* Lizzie Brown
6. *Mother's Maiden Name,* Stephan
7. *Mother's Birthplace,* Ballo
8. *Full Name of Father,* Joseph Brown
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulrig

Address, 1302 Holland St

Remarks,

This schedule shall be filled out as far as the same can be ascertained the full name of each child, the name of each parent, and shall set forth as far as the same can be ascertained the full name of each child, the name of each parent, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98132.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the names of the mother and the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, October 31st 1887
4. Place of Birth (Street and Number), 1408 Carroll St
5. Full Name of Mother, Annie Holly
6. Mother's Maiden Name, " Welburn
7. Mother's Birthplace, St Mary's Co Md
8. Full Name of Father, William Holly
9. Father's Occupation, Labourer
10. Father's Birthplace, St Mary's Co Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E Hamilton St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Male

1. *Sex, (state whether male or female)* Male ~~White~~
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct 31 1897
4. *Place of Birth, (Street and Number)* 410 E Monument St
5. *Full Name of Mother,* Anna Dobkowski
6. *Mother's Maiden Name,* Unknown
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* Unknown
10. *Father's Birthplace,* Unknown

Name of ~~Medical~~ Attendant, or other person who makes this Return.

Address,

Remarks, Reported by Dr Stanislaus Jalinski 22 Eutaw Place

Health. This schedule shall contain the date of the birth, which shall be the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98134.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 21st 1889

4. Place of Birth, (Street and Number) 215 S. Eutaw st

5. Full Name of Mother, Clara J. Williamson

6. Mother's Maiden Name, Clara J. Beachamp

7. Mother's Birthplace, Caroline Co. Md.

8. Full Name of Father, Arthur Wm Williamson

9. Father's Occupation, Painter

10. Father's Birthplace, Camden N. J.

Name of Medical Attendant, or other Person who makes this Return, Z. K. Bailey M.D.

Address, 415 W. Lombard st

Remarks,

and shall enter the same on a register to be kept for that purpose; and shall set forth as far as the same can be ascertained the full names of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98135.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Oct 31 — 1887.
4. *Place of Birth, (Street and Number)*	1515 Hanover st.
5. *Full Name of Mother,*	Maggie Becker.
6. *Mother's Maiden Name,*	Boesch.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Ernst Bekker.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the names [illegible] been conferred; it shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH 98136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 of Oct 1887
4. *Place of Birth, (Street and Number)* Baltimore 1600 Patapsco
5. *Full Name of Mother,* Mary E Hooper
6. *Mother's Maiden Name.* Mary E Preston
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* David Walter Hooper
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Ellis Mrs Elizabeth Donaldson and

Address, 1824 Byrd St Baltimore Md

Remarks, Mother and child are doing well as can be expected

and shall enter the same on a blank to be furnished by the Registrar of Vital Statistics, Board of Health, Baltimore City, under his or her care during the month, and shall set forth in the said return the date of the birth which have been conferred, if any, upon such child, its sex, color, the full name and occupation of its ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, Board of Health, Baltimore City. Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98137.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise of the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st~~ 2d, ~~3d, &c.~~) .....

1. Sex, (state whether ~~male or~~ female) .....
2. Race or Color, (if not of the white race) Col^d
3. Date of Birth, October 31st 1887
4. Place of Birth, (Street and Number) 430 N Dallas n-
5. Full Name of Mother Josephine Holland
6. Mother's Maiden Name, " Scott-
7. Mother's Birthplace, Baltimore City-
8. Full Name of Father, Wm T Holland
9. Father's Occupation, Porter-
10. Father's Birthplace, Baltimore City-

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 800 N Broadway-

Remarks, ...

DUBLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 98138.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	31st " October 1887
4. *Place of Birth, (Street and Number)*	820 Spring St.
5. *Full Name of Mother,*	Sahrah Jane Stewart.
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Stephen Charles Hill
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Harford County, Md.
Name of Medical Attendant, or other Person who makes this Return,	" Jno. H. Pickel. M. D.
Address,	1312 Chew St.
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to cause the birth to be certified to the Commissioner of Health in the manner and within the period aforesaid. The person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 31 1897
4. Place of Birth, (Street and Number) 1134 W Saratoga St
5. Full Name of Mother, Annie Clara Bolden
6. Mother's Maiden Name, Street
7. Mother's Birthplace, City
8. Full Name of Father, Albert Eugene Bolden
9. Father's Occupation, Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Gettelfinger M.D.

Address, 1320 N Gilmor St

Remarks,

The Births which have occurred under his or her care during the month, and shall be returned the full name of each child (if any shall have been omitted,) its sex, color, the full name and occupation of the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of between the first and third day of each and every month to the Office of the Commissioner of Health. In case the of any child shall occur without the attendance of a Physician or practitioner of Midwifery, or should no other person attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to give notice to the Commissioner or Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars such offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 98140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 31st 1887
4. Place of Birth (Street and Number)	No 279 N Eutaw st
5. Full Name of Mother	Rosa Ryan
6. Mother's Maiden Name	Rosa White
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	Robert Ryan
9. Father's Occupation	Law Student
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	F Edward Kelly MD
Address	645 Columbia Avenue
Remarks	

the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, days thereafter, stating distinctly the date of birth, sex, and color of the child or children or their physical condition, whether still born or not, the full name, nativity, and residence rents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 98141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Sept 1. 1887
4. Place of Birth, (Street and Number) 106. S Smith St
5. Full Name of Mother, Lizzie Moore
6. Mother's Maiden Name,
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, William Moore
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, 1121 Saratoga St

Remarks,

and shall enter the same on a blank Schedule to be furnished by the Registrar during the month, and shall set forth, as far as he can ascertain the same, the full name and occupation of the parents, the date and place of birth, and the sex of each child born of the mother; and such schedule shall be delivered, duly signed by the practitioner in the case of a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or where no such practitioner shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98142.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Sept 7th
4. *Place of Birth (Street and Number),*	514 N Bond st
5. *Full Name of Mother,*	Annie E Claudia
6. *Mother's Maiden Name,*	" Cland
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William H Claudia
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Greany
Address,	946 N Gay st
Remarks,	

This schedule shall contain a list of the births which have occurred since the last return, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(98143)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 8, 1887
4. Place of Birth, (Street and Number) No 802 Butler aly Baltimore Md
5. Full Name of Mother, Rachel Davis
6. Mother's Maiden Name, Rachel Hall
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Davis
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address,

Remarks,

owner of Health. This schedule shall contain a list of the births which have occurred in such family during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above prescribed, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 98144.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the names of the children born, with the full name of each child, (if any shall have been born and shall not forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the vital statistics Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parent of such child to report the birth to the Commissioner of Health, in the manner and within the period above required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	8 Sept
4. Place of Birth (Street and Number),	612 Eden st
5. Full Name of Mother,	Maggie Dutton
6. Mother's Maiden Name,	Mrs Kennedy
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Charles A Dutton
9. Father's Occupation,	Carriage Maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Brown
Address,	946 N Gay st
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98145.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred [illegible] and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	8 Sept
4. Place of Birth (Street and Number),	830 Stirling St
5. Full Name of Mother,	Josephine Dodd
6. Mother's Maiden Name,	Trusty
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thomas A Dodd
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Young
Address,	948 Cary St
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98146.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the names of the children born, and the full name of each child. If any shall have been born dead, that fact shall be stated. If any shall have been born alive, but shall have died before the return is made, that fact shall be stated. If any shall have been born alive, and shall be living when the return is made, the name can be ascertained the full name of each child. If any shall have been born and shall not set forth as far as the same can be ascertained the full name of each child. If any shall have been born dead, that fact shall be stated. If any shall have been born alive, but shall have died before the return is made, that fact shall be stated. If any shall have been born alive, and shall be living when the return is made, the name

RETURN OF A BIRTH

98147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred in any family during the preceding month, and shall be delivered by the parent, or in his absence by the mother, to the midwife or other person in attendance upon the mother, immediately after the birth of each child; and any such midwife or person who shall neglect to deliver such schedule as aforesaid, or shall refuse to give the information required by this section, shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	15 Sept
4. Place of Birth (Street and Number),	1424 Anthony st
5. Full Name of Mother,	Fanny Pollen
6. Mother's Maiden Name,	Fellman
7. Mother's Birthplace,	Balto Co
8. Full Name of Father,	Peter Pollen
9. Father's Occupation,	Shipping Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gregory
Address,	1424 Gay st
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98148.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	16 Sept
4. Place of Birth (Street and Number),	1206 E. Eager St
5. Full Name of Mother,	Mary A Busick
6. Mother's Maiden Name,	" Gregory
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Benjaman Busick
9. Father's Occupation,	Car Conductor
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Young
Address,	910 N Gay St
Remarks,	

This schedule shall contain a list of the births which have occurred in the family of each householder during the month next preceding the date of such schedule, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the householder in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births [illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 18
4. Place of Birth (Street and Number),	35½ Dallas st
5. Full Name of Mother,	Mary Plantholt
6. Mother's Maiden Name,	" Beakner
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Joseph Plantholt
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gronny
Address,	940 N Gay st
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98150.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color, (if not of the white race),	
3. Date of Birth,	Sept. 24/87
4. Place of Birth (Street and Number),	1706 Aund st.
5. Full Name of Mother,	Mary A. Cannon
6. Mother's Maiden Name,	" " Spence
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	David A Cannon
9. Faiher's Occupation,	Engraver
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Edward J. Kenedy
Address,	20 S. Arisquith ze
Remarks,	

This schedule shall contain a true statement of all the particulars required to be ascertained by the Registrar of Vital Statistics, and shall be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 98157.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	September 26th 1897
4. *Place of Birth, (Street and Number)*	2225 Boston St
5. *Full Name of Mother,*	Hannah Rosenbaum
6. *Mother's Maiden Name,*	Rosenbaum
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Abraham Rosenbaum
9. *Father's Occupation,*	Liquor dealer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	S. W. Feldner M. D.
Address,	S E Cor Caroline & Eager Sts
Remarks,	

Health. This schedule shall be [illegible] the same can be ascertained the full name of each child, to [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, to [illegible] been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a true record of the births which have occurred in each family, and the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a confinement between the 1st and 3d days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept. 27/87
4. Place of Birth (Street and Number),	723 E. Chase st
5. Full Name of Mother,	Annie E. Canby
6. Mother's Maiden Name,	" " Gaynor
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Winfield S. Canby
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Edward P. McDevitt
Address,	208 Aisquith st
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 98153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred since the last return, if any shall have been omitted, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in the employment of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 28th 1887
4. *Place of Birth (Street and Number),* #11 Ten St
5. *Full Name of Mother,* Rozajackob
6. *Mother's Maiden Name,* Yaracher
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Isaacjackob
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Dr Cora Lena Hillegeist

Address, #182 E Monument St

Remarks, 1838 (New Number)

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98154.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 28/87
4. Place of Birth (Street and Number),	1312 N. Central ave
5. Full Name of Mother,	Lydia. V. Schmidt
6. Mother's Maiden Name,	" " Vees
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	William V. Schmidt
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Edward J. Cambria
Address,	20 S Caroline
Remarks,	

Act ... shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 98135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 29 September 1897
4. *Place of Birth, (Street and Number)* 9 Aisquith st
5. *Full Name of Mother,* Hattie Bush
6. *Mother's Maiden Name,* Hattie Hill
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Bush
9. *Father's Occupation,* Hard Carrier
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address, 1121 Saratoga st

Remarks,

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and shall enter the same on a blank schedule to be furnished by the Registrar for the purpose, and shall set forth as far as the same can be ascertained the full name of each child born during the month, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 98156.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the [illegible] and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been still-born, or shall be deformed, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	30 day of Sept. 1897.
4. Place of Birth (Street and Number),	630 Aisquith Road.
5. Full Name of Mother,	Emma Pauline Strickhausen
6. Mother's Maiden Name,	Emma Amelia Ludwig
7. Mother's Birthplace,	Germany
8. Full Name of Father,	William Joseph Strickhausen
9. Father's Occupation,	Boiler
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Wilhelmine Denisch
Address,	No 421. Barre st.
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance save the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95157.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	30 Sept
4. Place of Birth (Street and Number),	1122 Sommerset St
5. Full Name of Mother,	Mary A Weber
6. Mother's Maiden Name,	" " Reinhardt
7. Mother's Birthplace,	Balto Co
8. Full Name of Father,	John H Weber
9. Father's Occupation,	Driver & Salesman
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Young
Address,	1461 Sayet
Remarks,	

Missing #98158 - #98230, incl.

Vol. 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-98231

1. PLACE OF BIRTH:

(a) Baltimore City, Maryland

(b) Name of hospital or institution; if at home, give street number: 103 N. Poppleton St.

(c) Mother's stay before delivery: hospital or institution ____ In this community ____ (Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Md. (b) County ____

(c) City or town Baltimore (If outside city or town limits, write RURAL)

(d) Street No. 103 N. Poppleton St. (If rural give location)

3. Full name of child: Henry Marvin Wharton Ward

4. Date of birth: Nov. 10, 1887 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If no—born 1st, 2d, or 3rd ____

7. Number weeks of pregnancy: 37

8. Hour of birth: 4:00 P.M.

FATHER OF CHILD

9. Full Name: Granville Dorsey Ward

10. Color or race: Wht 11. Age at time of this birth: 38 yrs.

12. Birthplace: New Market, Howard Co., Md. (City, town, or county) (State or foreign country)

13. Usual occupation: Telegrapher

14. Industry or business: Railroad

MOTHER OF CHILD

15. Full Maiden Name: Laura Matilda McKnew

16. Color or race: Wht 17. Age at time of this birth: 39 yrs.

18. Birthplace: Lisbon, Howard Co., Md. (City, town, or county) (State or foreign country)

19. Usual occupation: Housewife

20. Industry or business: ____

21. Other children born to mother (not including present child):

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? 0

22. Mother's mailing address for registration notice: ____

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ____, related to this child as ____

24. Date rec'd by local registrar: 1887 19

25. Signed: ____ Registrar

26. Given name added ____ by Registrar per ____

(Signed) Huntington Wilkinson M.D.

Physician or midwife who attended this birth (Official title)

Commissioner of Health and Registrar

Address ____

Date

VS 4

Missing #98232 - #98244, incl.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-98245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated. Use Special Certificate for Still-birth.

1. PLACE OF BIRTH: Baltimore, Maryland

(a) Name of hospital or institution; if at home give street number: 2000 Blk. Hanover Street

(b) Mother's stay before delivery:

In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Maryland (b) County .....

(c) City or town Baltimore
(If outside city or town limits, write RURAL)

(d) Street No. 2000 Hanover Street
(If rural give location)

3. Full name of child Charles W. Remsburg

4. Date of birth November 8, 1887
(Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Lewis Remsburg

10. Color or race White 11. Age at time of this birth — yrs.

12. Birthplace Catonsville, Md.
(City, town, or county) (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Jane Jackson

16. Color or race White 17. Age at time of this birth — yrs.

18. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Other children born to mother (not including present child):

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar November 19 1887

25. Signed James A. Steuartt, M.D.
Registrar

26. Given name added ..... by Registrar per .....

(Signed) Dr. Ellis M. D.
Physician (or midwife) who attended this birth (Midwife)

or .....
Commissioner of Health and Registrar

Address ..... Date .....

VS 100

Missing #98246 - #98297,
incl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Over 98298

CERTIFICATE OF BIRTH [redacted]

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. George St. St. D-3 Ward)

Registered No.

(2) FULL NAME OF CHILD Edna Marguerite McAllister If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2nd	yes	11th 9th 1927

FATHER

(8) FULL NAME Wm. H. McAllister

(9) RESIDENCE 673 George St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Grocer

MOTHER

(14) FULL MAIDEN NAME Anna E. Scheuermann

(15) RESIDENCE 673 George St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth Two

(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at One o'clock P. M., on the date above stated.

(23) Signature Amanda J. Morris, M.D.

Physician (Physician or Midwife)

Address 871 Harlem Ave

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A still-born child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED

(24) Given name added from a supplemental report..... 19 MAY 27 1926 19 .

Registrar

Registrar BY BIRTH INDEX CLERK

(READ THE REVERSE SIDE)

Missing #98299 - #98350

OK JVR

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-98351-D

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution if at home give street number: 1731 Ashland Avenue
(b) Mother's stay before delivery:
In hospital or institution ____ In Baltimore ____
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County ____
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1731 Ashland Ave.
(If rural give location)

3. Full name of child Walter Francis Byrnes

4. Date of birth November 13, 1887
(Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ____ If so—born 1st, 2d, or 3rd ____ | 7. Number weeks of pregnancy ____ | 8. Hour of birth ____ M.

FATHER OF CHILD

9. Full Name Joseph William Byrnes
10. Color or race White 11. Age at time of this birth 28 yrs.
12. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)
13. Usual occupation Bridge Builder
14. Industry or business ____

MOTHER OF CHILD

15. Full Maiden Name Ellen F. Miller
16. Color or race White 17. Age at time of this birth 18 yrs.
18. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business ____

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? 0

22. Mother's mailing address for registration notices: ____

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above is furnished by ____, related to this child as ____

24. Date rec'd by local registrar November 1887

Signed James A. Steuart, M.D.
Registrar

Given name added ____ by Registrar per ____

(Signed) ____ M. D.
Physician (or midwife) who attended this birth (Midwife)
or Huntington Wolfe M.D.
Commissioner of Health and Registrar

Address ____

FEB 17 1953
Date

5 100

Missing #98352 – #98929, incl.

RETURN OF A BIRTH. 78929.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Anna Kathryn Dannenfelser

1. Sex, (state whether male or female)
2. Race ~~or Color, (if not of the white race)~~
3. Date of Birth June 9, 1887
4. Place of Birth, (Street and Number) Harford Ave & Hoffman Pl.
5. Full Name of Mother, Anna M Dannenfelser
6. Mother's Maiden Name, " " Seitz
7. Mother's Birthplace, Baltimore Co, Md
8. Full Name of Father, Phillip Dannenfelser Jr
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Walter H White, M.D.

Address, 1101 S Broadway

Remarks, GIVEN NAME ADDED 9-28-53

and shall enter the name on a blank ... to be furnished ... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars ... and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 98930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex, (state whether male or ~~female~~)
2. Race ~~or Color~~, (if not of the white race)
3. Date of Birth June 21, 1887
4. Place of Birth, (Street and Number) E. Biddle near Wolfe St
5. Full Name of Mother, Amelia Fales
6. Mother's Maiden Name, " Aloes
7. Mother's Birthplace, Balto City
8. Full Name of Father, Lawrence Fales
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Walter H White Jno

Address, 1101 N Broadway

Remarks,

and shall enter the same on a blank schedule to be kept for that purpose; the month, day and year of birth, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Jons. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 98931.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race ~~or Color, (if not of the white race.)~~
3. Date of Birth June 23, 1887
4. Place of Birth, (Street and Number) 2031 Orleans St
5. Full Name of Mother, Julia Stahl
6. Mother's Maiden Name, " Hoek
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H. Stahl
9. Father's Occupation, Can Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. 1101 N Broadway

Address, Waller & H. Ft Pitts, Md

Remarks,

and shall enter the same on a blank schedule to be furnished to him for that purpose during the month, and shall set forth as far as the case list of the births which have occurred under his or her care during the month, and the full name and occupation of the ascertained the full name of each child (if any shall have been born), the sex, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a Physician or practitioner of this City, he should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 98932.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race ~~or Color, (if not of the~~ white ~~race)~~
3. Date of Birth June 25, 1887
4. Place of Birth, (Street and Number) 1040 N. Broadway
5. Full Name of Mother, Lillie Steer
6. Mother's Maiden Name, " Reynolds
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew H. Steer
9. Father's Occupation, Provision Dealer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Walter W. White M.D.

Address. 1101 N. Broadway

Remarks,

and shall enter the same on a blank schedule to be furnished by the Registrar, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been omitted), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED

RETURN OF A BIRTH, 98933.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Carrie

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 22nd
4. *Place of Birth, (Street and Number)* 1522 McHenry St
5. *Full Name of Mother* Ellen Summers
6. *Mother's Maiden Name* Martin
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Thomas B. Summers
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Balto.

Name of Medical Attendant or other Person who makes this Return. John Neff M.D.

Address 701 N Carrollton Ave

Remarks

Missing #98934 - #99015, incl.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

Missing #98934 - #99014,
incl.

RETURN OF A BIRTH 7985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 1st December
4. *Place of Birth, (Street and Number)* 1087 Stanley St
5. *Full Name of Mother,* Fine Buchheimer
6. *Mother's Maiden Name,* Isaacs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Buchheimer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sally Lasser

Address, 1016 E. Eberhard St.

Remarks,

Health. This schedule shall contain a true of the month, and shall set forth as far as the same can been ascertained, the sex, color, the full name and shall be delivered, duly filled out, to the shall occur without the attendance of attendance upon the mother, immedi child to report its birth to the Comm any such person or persons who sha jected to the fine of ten (10) dollars f

oner of Health. In cas of midwifery, it should so come the duty of the p manner and within the per with the provisions of this sec ed as other fines and for

99016.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 1st December
4. *Place of Birth, (Street and Number)* 28 Albemarle St.
5. *Full Name of Mother,* Augusta Zeck
6. *Mother's Maiden Name,* Sharp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Zeck
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Hamburg St.

Remarks,

RETURN OF A BIRTH 99017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any child has been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, December 1st 1897
4. Place of Birth (Street and Number), 1112 S. Ellwood st
5. Full Name of Mother, Sofia Cook
6. Mother's Maiden Name, Sofia Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas J. Cook
9. Father's Occupation, Guard
10. Father's Birthplace, Rochester Co. Md.

Name of Medical Attendant, or other person who makes this Return. Dr. H. C. Cahill

Address, 1120 E. Monument st.

Remarks, "

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	1st December
4. *Place of Birth, (Street and Number)*	26 Clemansie st
5. *Full Name of Mother,*	Minnie Collins
6. *Mother's Maiden Name,*	Griffall
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Sol. Collins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Lashar
Address,	1016 Leadenhall st
Remarks,	

RETURN OF A BIRTH, 99019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	December 1st 1887
4. Place of Birth, (Street and Number)	527 West Franklin St
5. Full Name of Mother,	Agnes Tenley
6. Mother's Maiden Name,	Bauer
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Howard W Tenley
9. Father's Occupation	Cigar Maker
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr E. Brooks Md
Address,	1519 E Balto St
Remarks,	

and shall enter the same on a book ... kept for that purpose, and shall enter the name of each child born under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 1/07
4. *Place of Birth, (Street and Number)*	20 1/2 Small Alley
5. *Full Name of Mother,*	Maggie Statham
6. *Mother's Maiden Name,*	Maggie Jones
7. *Mother's Birthplace,*	Talbot Co Md
8. *Full Name of Father,*	Charles Statham
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	A. C.
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	116 Druid St
Remarks,	

Health. This Return shall be made as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 1st 1887
4. *Place of Birth, (Street and Number)*	1014 N. Fayette St
5. *Full Name of Mother,*	Annie Shea
6. *Mother's Maiden Name,*	Annie Falvey
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John A. Shea
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Montgomery County Md
Name of Medical Attendant, or other person who makes this Return.	Barnes Hendley
Address,	23 N. Perry Hill St
Remarks,	

month, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the city of Baltimore, such [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children [illegible] their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Dowick (of).
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 19 87
4. *Place of Birth, (Street and Number)*	1415 N. Chester Street.
5. *Full Name of Mother,*	Mary Brown.
6. *Mother's Maiden Name,*	Mary Wentcamp.
7. *Mother's Birthplace,*	Baltimore Maryland
8. *Full Name of Father,*	Charles H. Brown —
9. *Father's Occupation,*	Oyster Packer
10. *Father's Birthplace,*	Baltimore - Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Marchant. M.D.
Address,	1429 N. Gay Street —
Remarks,	

JOHN S. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 99023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or femaie),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 1st 89
4. Place of Birth (Street and Number),	908 Madison Ave City
5. Full Name of Mother,	Susan
6. Mother's Maiden Name,	Roberts
7. Mother's Birthplace,	England
8. Full Name of Father,	Alfred Bailey
9. Father's Occupation,	Agent
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	mrs Charity Jones
Address,	101 mulberry St
Remarks,	

This Return must be made as far as the name can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH, 99024

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	December 1st 1887
4. *Place of Birth, (Street and Number)*	1408 Lanvale St
5. *Full Name of Mother*	Catherine Theresa Heinemiller
6. *Mother's Maiden Name*	Heinemiller
7. *Mother's Birthplace*	Ohio
8. *Full Name of Father*	Geo. S. Trent
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. McKeown
Address	
Remarks	1401 Linden Ave

...s the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 99025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	December 1th
4. *Place of Birth (Street and Number),*	315 Forest Ave.
5. *Full Name of Mother,*	Sovia Schmidt
6. *Mother's Maiden Name,*	Kirsner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm. Schmidt
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederiche Bender midwife
Address,	216 West Pratt St
Remarks,	

and shall set forth, as far as the facts can be ascertained, the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* December 1 – 1887
4. *Place of Birth (Street and Number),* Andrew St. 1401
5. *Full Name of Mother,* Barbra Roediger
6. *Mother's Maiden Name,* Manninger
7. *Mother's Birthplace,* Heilbronn – Baiern – Dd.
8. *Full Name of Father,* Julius Roediger
9. *Father's Occupation,* Bäcker
10. *Father's Birthplace,* Gera – Schlesien – Deutschland

Name of Medical Attendant, or other person who makes this Return. Johanne Jenske

Address, Garrett & 1363 Locust Point

Remarks,

Register of ... This schedule shall contain a list of the births which have occurred ... and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* John Geo. Pootsack, Jr.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,*
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

The Schedule shall contain a list of the births which have occurred under the roof or in the tenement during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 9028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* 1 December

4. *Place of Birth, (Street and Number)* 1240 Eager street

5. *Full Name of Mother,* Caroline Hollman

6. *Mother's Maiden Name,* Caroline Fuchs

7. *Mother's Birthplace,* Baltimore city

8. *Full Name of Father,* Henry H. Hollman

9. *Father's Occupation,* Tyler

10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Anna Kalter midwife

Address,

Remarks, Cause of Death premature birth

and shall enter the same in a record to be kept for that purpose. [illegible] of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st Dec
4. *Place of Birth, (Street and Number)*	2702 Boston st
5. *Full Name of Mother,*	Emma Gough
6. *Mother's Maiden Name,*	Emma Eze
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William W Gough
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	1029 Lanvale st
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Registrar during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or color, (if not of the white race) White
3. Date of Birth, 1 Dec 1887
4. Place of Birth, (Street and Number) 2011 Chesapeake Court
5. Full Name of Mother, Sophia Beran
6. Mother's Maiden Name, Sophia Svorak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Michael Beran
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptich

Address, 509 N Washington St

Remarks,

RETURN OF A BIRTH 99031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 1 Dec 1867
4. Place of Birth, (Street and Number) 913 Wolfe st
5. Full Name of Mother, Mary Vehnoske
6. Mother's Maiden Name, Mary Beran
7. Mother's Birthplace, Bohemia
8. Full Name of Father, James Vehnoska
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 509 Washington st

Remarks,

Register of such births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred upon the premises during the month and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 1 December
4. *Place of Birth (Street and Number),* 1913 Nbc. Eldery St
5. *Full Name of Mother,* Nellie Conly
6. *Mother's Maiden Name,* " Cardy
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* James Conly
9. *Father's Occupation,* Bar Bork Keeper
10. *Father's Birthplace,* Wilmington Del

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulig

Address, 1302 Holland St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred in any house or other place during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	White
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 15 1894
4. Place of Birth (Street and Number),	311 Barre St
5. Full Name of Mother,	Agnes Salas
6. Mother's Maiden Name,	" Hendersen
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jno J Salas
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore Co
Name of Medical Attendant, or other person who makes this Return.	Rhoda Corbett M.D.
Address,	516 Hanover St
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 29034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c.) 3

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race ~~or Color~~, (~~if not of the white race~~)
3. Date of Birth Dec. 1, 1887
4. Place of Birth, (Street and Number) 1005 N Ann St
5. Full Name of Mother, Susan Wilson
6. Mother's Maiden Name, " Bevin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm A. Wilson
9. Father's Occupation, Book Keeper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Walter W White MD

Address, 1101 N. Broadway

Remarks, GIVEN NAME ADDED 1-14-53

Name: William Burgan Wilson

and shall enter the same on a blank schedule to be furnished during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 99038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First. Calvert Burk Jones

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth December 1, 1887.
4. Place of Birth, (Street and Number) No. 1021 Boundary ave (city.)
5. Full Name of Mother, Laura Jones.
6. Mother's Maiden Name, Laura Worden.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Edward Jones.
9. Father's Occupation, Carriage Painter.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Elwell, M.D.

Address, 1741 Hanford ave.

Remarks, CHILD NAME ADDED. 10-21-52

and shall enter the same on a blank schedule to be furnished by the Commissioner for the purpose. And shall enter the same on a blank schedule to be furnished by the Commissioner; and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under the roof or in the family mentioned and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th.
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Dec. 1, 1887
4. Place of Birth (Street and Number),	618 Luzerne St.
5. Full Name of Mother,	Mary E Reynolds
6. Mother's Maiden Name,	Mary Burns
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Charles Reynolds
9. Father's Occupation,	Coppersmith
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sweeney
Address,	716 Luzerne St.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 1st
4. *Place of Birth, (Street and Number)* Government Al. & 820
5. *Full Name of Mother,* Melissa Talbott
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Md - Bal: Co.
8. *Full Name of Father* John Hanson Talbott
9. *Father's Occupation,* Brewer dealer
10. *Father's Birthplace,* Bal: City

Name of Medical Attendant, or other Person who makes this Return. Jno Thorne M.D.

Address, 112 E Saratoga St

Remarks, Labor protracted, Child living and doing well.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been still-born, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	December 1. 1898
4. Place of Birth (Street and Number),	Leasend St No 1460
5. Full Name of Mother,	Frederieke Stegman
6. Mother's Maiden Name,	Frederieke Köppen
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Stegman
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Mrs Ettel
Name of Medical Attendant, or other person who makes this Return.	No 1619 Cuba St
Address,	Baltimore
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 1 1889

4. Place of Birth, (Street and Number) 1127 N. Gay St.

5. Full Name of Mother, Emma Cordelia Cronhardt

6. Mother's Maiden Name, Jessop

7. Mother's Birthplace, Balto. Co.

8. Full Name of Father, John Cronhardt

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. E. F. Evans M.D.

Address, 1835 E. Balto. St.

Remarks,

Under a penalty of ten dollars, the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain and shall enter the same on the Register of the Office of the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, race, the full name and occupation of its parents, the place of birth, and such other facts as may be required by the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99040

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 2nd 1887

4. Place of Birth, (Street and Number) 233 West Barre St

5. Full Name of Mother, Mary Todd

6. Mother's Maiden Name, Daly

7. Mother's Birthplace, Jefferson Co. West Virginia

8. Full Name of Father, J W Wynne Todd

9. Father's Occupation, B & O R R

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dr. Bell M.D.

Address, 841 N. Eutaw St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred within the house, or upon the premises, during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, December 2 nd 1887
4. Place of Birth (Street and Number), Baltimore st do 681
5. Full Name of Mother, Fredricka Hildebrandt
6. Mother's Maiden Name, Fredricka Kaufman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Hildebrandt
9. Father's Occupation, Merchant
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mrs E Daman

Address, 1927 W Lomard St

Remarks,

RETURN OF A BIRTH 99042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mary E Hilton 1 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	African
3. Date of Birth,	December 2 Between 10 1
4. Place of Birth, (Street and Number)	Ellis Al Lane No 5 15
5. Full Name of Mother.	
6. Mother's Maiden Name,	Mary Elizabeth Hilton
7. Mother's Birthplace,	Born in Cecil Co
8. Full Name of Father,	Wm Wilson Brent
9. Father's Occupation,	Laborer in a mine
10. Father's Birthplace,	Snow Hill Worcester Co
Name of Medical Attendant, or other Person who makes this Return.	Hester Henson
Address,	428 South Eutaw Street
Remarks,	

and shall enter the same on a blank ... and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

... Printers and Stationers.

RETURN OF A BIRTH 99043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of Births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to notify the Health Department of the same, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 2 Dec 1897
4. Place of Birth, (Street and Number) 500 Chapel St
5. Full Name of Mother, Mollie Sachs
6. Mother's Maiden Name, Mollie Hahl
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Sachs
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopstick

Address, 509 N Washington St

Remarks,

RETURN OF A BIRTH 19044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 2 Dec 1877
4. *Place of Birth, (Street and Number)* 3 N Castle st
5. *Full Name of Mother,* Kundegunde Hohmann
6. *Mother's Maiden Name,* Kundegunde Hohmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Valentin Hofman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Chas Kopfeist

Address, 507 N Washington st

Remarks.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 2 Dec 917
4. *Place of Birth, (Street and Number)* 124 S Chester St
5. *Full Name of Mother,* Francie Skriver
6. *Mother's Maiden Name,* Francii Wodak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Anton Skriver
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Chas J Koffist

Address,

Remarks,

register of all births which shall occur in his district. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Fanny
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Dec. 2d 1887
4. Place of Birth (Street and Number),	408 Market Space
5. Full Name of Mother,	Bertha Brigeier
6. Mother's Maiden Name,	Rosenblatt
7. Mother's Birthplace,	Austria
8. Full Name of Father,	Philip Brigeier
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Austria
Name of Medical Attendant, or other person who makes this Return.	E Schoeneman
Address,	Albemarle st N 103.
Remarks,	

and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The First

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Born on 2 Dec
4. Place of Birth (Street and Number), Baltimore Md Barnet st 13
5. Full Name of Mother, Lillie May ~~Fisher~~ Holmes
6. Mother's Maiden Name, Lillie M. Fisher
7. Mother's Birthplace, Norfolk Virginia
8. Full Name of Father, William E ~~Father~~ Holmes
9. Father's Occupation, Waiter
10. Father's Birthplace, Tappahannock V. a

Name of Medical Attendant, or other person who makes this Return. Janie E Myers

Address, No. 22 Barnet St City

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born dead, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in charge of the case to the parents or person in attendance between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 2 - 87
4. *Place of Birth, (Street and Number)*	2027 Gough St
5. *Full Name of Mother,*	Dora Fritscher
6. *Mother's Maiden Name,*	Siegbert
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas Fritscher
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Gritzke
Address,	114 S Bond St
Remarks,	

DEC 5 1887 BALTIMORE MD

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	December 2 1887
4. *Place of Birth, (Street and Number)*	Stockton all # 622
5. *Full Name of Mother,*	Sarah Hollon
6. *Mother's Maiden Name,*	Lark Crawford
7. *Mother's Birthplace,*	Harford County
8. *Full Name of Father,*	William Hollon
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Harford County
Name of Medical Attendant, or other Person who makes this Return.	Chas. Coty Proctor M.D.
Address,	No 6 N Carlton st
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, on the third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 2nd 1887
4. Place of Birth (Street and Number),	1090 Stark St
5. Full Name of Mother,	Marion Smith
6. Mother's Maiden Name,	" Engle
7. Mother's Birthplace,	Kent Co Md
8. Full Name of Father,	Wilson Smith
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Kent Co Md
Name of Medical Attendant, or other person who makes this Return.	Thadeus Cohen M.D.
Address,	578 Lanvale St
Remarks,	

and shall not forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99051.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 one
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Col'd
3. Date of Birth,	Dec. 2 nd
4. Place of Birth (Street and Number),	5-7-5 West Hoffman st.
5. Full Name of Mother,	Mary Muse
6. Mother's Maiden Name,	Sale
7. Mother's Birthplace,	Essex county Virg
8. Full Name of Father,	Alexander Muse
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Va King and Queen County
Name of Medical Attendant, or other person who makes this Return.	Mrs A. M. Johnson
Address,	710 Tyson st.
Remarks,	

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person so in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), colored
3. Date of Birth, Dec 2 1897
4. Place of Birth (Street and Number), 312 Bridebrough alley
5. Full Name of Mother, Elizebeth Wright
6. Mother's Maiden Name, Elizebeth Jackson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Wright
9. Father's Occupation, cook on the boat
10. Father's Birthplace, West India

Name of Medical Attendant, or other person who makes this Return. Mrs Charlotte Williams

Address, 607 S. howard st

Remarks, five dollars

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 5 1917
BALTIMORE MD.

No. of Child of Mother, (state whether ~~1st 2d, 3d, &c.~~)	1st
1. *Sex, (state whether male or female)*	John George Roth Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 2 1917
4. *Place of Birth, (Street and Number)*	227 S Bethel St
5. *Full Name of Mother,*	Mary Roth
6. *Mother's Maiden Name,*	Benhoff
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Roth
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Gottke
Address,	114 S Bond St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred about his or her date during the month, and shall set forth as far as the same can be ascertained the full names, sex, color, the full name and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 99054

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 3d 1887
4. Place of Birth (Street and Number)	5-7 9 N. Preston
5. Full Name of Mother	Regina Gakel
6. Mother's Maiden Name	Horn
7. Mother's Birthplace	Germany
8. Full Name of Father	Caspare Gakel
9. Father's Occupation	Grocer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	414 N. Greene
Remarks	

RETURN OF A BIRTH 99055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~2d, &c.~~)

1. *Sex (~~state whether~~ male ~~or female~~),*
2. *Race or Color (~~if not of the~~ white race),*
3. *Date of Birth,* Died 3rd " 187
4. *Place of Birth (Street and Number),* 213 Byrd St
5. *Full Name of Mother,* Sara E. Singer
6. *Mother's Maiden Name,* Sara E. Bosley
7. *Mother's Birthplace,* Elliott Co. Ky. Md
8. *Full Name of Father,* Albert F. Singer
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. John L. Effinger M.D.

Address, 062 " " Lexington St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 99056

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Dec 3. 07
4. *Place of Birth, (Street and Number)*	15 1/2 Frederick ave
5. *Full Name of Mother*	Clara L. Meyer
6. *Mother's Maiden Name*	" " Sagle.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	John F. Meyer.
9. *Father's Occupation*	Shoe Merchant.
10. *Father's Birthplace*	New York. City
Name of Medical Attendant, or other Person who makes this Return.	Edward Kao
Address	1510 Fondorda Ave
Remarks	

RETURN OF A BIRTH 99057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 3 Dec 1887
4. Place of Birth, (Street and Number) 805 N Eutaw st
5. Full Name of Mother, Mary Raymond
6. Mother's Maiden Name, Mary Shimek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos Raymond
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kaptick

Address, 509 N Washington st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or color (if not of the white race) Whit
3. Date of Birth, 3 Dec 857
4. Place of Birth, (Street and Number) 10 12 Durham st
5. Full Name of Mother, Anna Mattaus
6. Mother's Maiden Name, Anna Hova
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Steve Mattaus
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Hoffish

Address, 503 N Washington st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

DATE

RETURN OF A BIRTH 99059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 3 Dec 1887
4. Place of Birth, (Street and Number) 4899 Duncan Alley
5. Full Name of Mother, Maryaška
6. Mother's Maiden Name, Maria Vachutova
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos Vachutova
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptlick

Address, 509 N Washington st

Remarks,

...ister of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter mentioned, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-6-52

RETURN OF A BIRTH

99060

CERTIFICATE CORRECTED 11-6-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Norman Sunwalt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec 3 1897
4. Place of Birth (Street and Number), 141 E Randall St
5. Full Name of Mother, Annie Sunwalt
6. Mother's Maiden Name, Annie Boyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Sunwalt
9. Father's Occupation, Brush Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. B J Phillips

Address, 735 N Longwood

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99061

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. 3 day of december
4. Place of Birth, (Street and Number) Baltimore 503 patterson park ave
5. Full Name of Mother, Belle Burns
6. Mother's Maiden Name, Belle Clark
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Burns
9. Father's Occupation, Car maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr Harrington

Address, 924 Burney St Balto

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Vital Statistics. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of [illegible] for each offence, to be recovered as other fines and penalties are recoverable.

WM. PINKNEY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 3rd 3 30 A M. 1887
4. Place of Birth, (Street and Number) 26 d Caroline St
5. Full Name of Mother, Julia McArdle
6. Mother's Maiden Name, Julia Mary
7. Mother's Birthplace, England
8. Full Name of Father, Michael J McArdle
9. Father's Occupation, Saloon
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address, 1707 E Balto St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third 99063

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Dec 5, 1887
4. *Place of Birth, (Street and Number)* 525 Vincent st
5. *Full Name of Mother,* Eliza Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Frederick
8. *Full Name of Father,* Geo W Johnson
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, 1121 Sarratoga st

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Son

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Dec 8 1899 at

4. *Place of Birth, (Street and Number)* 323 Rose St

5. *Full Name of Mother,* Sarah Davy

6. *Mother's Maiden Name,* Sarah Davy

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Robert Davy

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucy Cornish

Address, 906 Gordon Alley

Remarks,

Under a like charge or superintendence a true and [illegible] of the births which have occurred under his or her care during the months next ensuing. This schedule shall contain a list of the births which have occurred under his or her care during the months next shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and [illegible] of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers

RETURN OF A BIRTH 99065

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 3rd Dec. 1887
4. Place of Birth, (Street and Number) 19 N. Wolf St
5. Full Name of Mother Anna Maria Körner
6. Mother's Maiden Name, Kuhn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Körner
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. H. Hollenberg

Address, 1810 E. Baltimore St.

Remarks,

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth 99066
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 3rd 1887
4. Place of Birth (Street and Number),	709 W. Franklin st.
5. Full Name of Mother,	Mary Thomas Barnes
6. Mother's Maiden Name,	Thomas
7. Mother's Birthplace,	Cecil Co. Md.
8. Full Name of Father,	William Carvosso Barnes
9. Father's Occupation,	Produce dealer
10. Father's Birthplace,	Cecil Co. Md.
Name of Medical Attendant, or other person who makes this Return.	W. Lee M.D.
Address,	602 N. Carey St
Remarks,	It has been 8 years since her last child. Mother 46 years old

Every Physician, Midwife, or other person who shall attend upon the birth of any child, shall, within ten days after the birth, report to the Commissioner of Health the particulars of such birth required by this schedule to be delivered to him. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concealed), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry William Wagner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether male or female),	Boy
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1887 - 3th day of December.
4. Place of Birth (Street and Number),	14 Barney St. B. Md.
5. Full Name of Mother,	Lizzie Wagner.
6. Mother's Maiden Name,	Lizzie Wichel
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Jacob Wagner.
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Ina Mary Zoeller.
Address,	1703 Hanover St
Remarks,	GIVEN NAME ADDED. 12-3-52

Register of such birth, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred [illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person [illegible] the duty of the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 3d 1885
4. Place of Birth (Street and Number),	1821 Hilmore Alley
5. Full Name of Mother,	Sarah ~~[illegible]~~ Golden
6. Mother's Maiden Name,	Sarah Reynolds
7. Mother's Birthplace,	Balto. County md
8. Full Name of Father,	George Allen
9. Father's Occupation,	Coal Carrier
10. Father's Birthplace,	Balto County md
Name of Medical Attendant, or other person who makes this Return.	Hester Clarke
Address,	505 Preston st
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether male or female),	Girl.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	3rd of December 1887
4. Place of Birth (Street and Number),	732 Cor. Chester & Madison st
5. Full Name of Mother,	Lena Musch.
6. Mother's Maiden Name,	Lena Grass.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Henry Grass.
9. Father's Occupation,	Laborman
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

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RETURN OF A BIRTH 99070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, December 3d 1887
4. Place of Birth (Street and Number), 929 St Peter Street
5. Full Name of Mother, Eva Schleifer
6. Mother's Maiden Name, Eva Bingel
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Georg Schleifer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return. Hellegunda Schleifer

Address, 529 Columbia Avenue

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, the 30th June 1897

4. Place of Birth (Street and Number), No 819 Fraction Lane Locust Point

5. Full Name of Mother, Mary Agnes

6. Mother's Maiden Name, Lyons

7. Mother's Birthplace, England

8. Full Name of Father, Charles Doherty

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Chas. Chapman

Address, No 1037 Locust Point

Remarks, Ireland

1897

Register of such Birth, and shall also use the same blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 3 /87
4. *Place of Birth, (Street and Number)*	# 1420 Mosher St
5. *Full Name of Mother,*	Mary Lizzie Johnson
6. *Mother's Maiden Name,*	" " Parlett
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thos Epps Johnson
9. *Father's Occupation,*	Manager
10. *Father's Birthplace,*	Petersburg Va
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Pennellton St
Remarks,	

RETURN OF A BIRTH. 99073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 3d.
4. Place of Birth, (Street and Number) Pearl and Mulberry Sts.
5. Full Name of Mother, Minna Hucksoll.
6. Mother's Maiden Name, " Seick.
7. Mother's Birthplace, Ind.
8. Full Name of Father, Ernst Hucksoll.
9. Father's Occupation, Baker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr Morgan

Address, 315 W Monument - 2.

Remarks,

Under whose charge or supervision each child born in this city shall be registered by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99074

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	~~1st Cross~~ at Dec. 3 1887
4. *Place of Birth, (Street and Number)*	208 Cross street
5. *Full Name of Mother,*	Rebecca Stanley Dyson
6. *Mother's Maiden Name,*	Rebecca Stanley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jeff. Dyson
9. *Father's Occupation,*	Oyster shucker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Ann Brown
Address,	827 China Street
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DUKANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	Dec. 3, 1887
4. *Place of Birth (Street and Number),*	2209 East st.
5. *Full Name of Mother,*	Annie Brisco
6. *Mother's Maiden Name,*	Annie Cunningham
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George Brisco
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sangree
Address,	1726 Lugerne St.
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d -
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Decem 8 1887
4. Place of Birth (Street and Number),	1408 E. Eutaw ave
5. Full Name of Mother,	Kate F. O'Connor
6. Mother's Maiden Name,	" " Evans
7. Mother's Birthplace,	Balti.
8. Full Name of Father,	Jno. B. O'Connor
9. Father's Occupation,	Merchant -
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	D. ~~Scott~~ MD
Address,	408 E. Eutaw -
Remarks,	

Register of such birth, and shall enter the same on a blank furnished to him for that purpose by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 3rd
4. *Place of Birth, (Street and Number)*	1446 Bond st
5. *Full Name of Mother,*	Annie Baird
6. *Mother's Maiden Name,*	" Litchfield
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Baird
9. *Father's Occupation,*	Ice dealer
10. *Father's Birthplace,*	Frederick Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gorsuch
Address,	940 Bay st
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth,
1. Sex (state whether male or female),	Female,
2. Race or Color (if not of the white race),	
3. Date of Birth,	Dec. 3. 1887
4. Place of Birth (Street and Number),	513 N. Wolfe St.
5. Full Name of Mother,	Mrs. Fredericka Apple Lueke
6. Mother's Maiden Name,	Miss Fredericka Apple
7. Mother's Birthplace,	Celle Hanover Germany
8. Full Name of Father,	Herman Frederick Lueke
9. Father's Occupation,	Sailor
10. Father's Birthplace,	New York City N. Y.
Name of Medical Attendant, or other person who makes this Return.	G. C. Luyk M. D.
Address,	1000 E. Balt. St.
Remarks,	Natural delivery

RETURN OF A BIRTH 99079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 3 1887
4. *Place of Birth, (Street and Number)* 416 Chester st
5. *Full Name of Mother,* Elizabeth E. roda
6. *Mother's Maiden Name,* Elizbeth E huggins
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Charles roda
9. *Father's Occupation,* riger
10. *Father's Birthplace,* rostoc germany

Name of Medical Attendant, or other Person who makes this Return. mary conner 424

Address, patterson park avenue

Remarks,

under whose charge or Superintendence a Birth shall occur, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Printers and Stationers.

RETURN OF A BIRTH 99080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Dec 3rd 1887
4. Place of Birth (Street and Number),	1512 Pennsylvania ave
5. Full Name of Mother,	Amelia Haans
6. Mother's Maiden Name,	" Frybe
7. Mother's Birthplace,	Balt Md
8. Full Name of Father,	Fredrick Haans
9. Father's Occupation,	Fruit Dealer
10. Father's Birthplace,	Balt Md
Name of Medical Attendant, or other person who makes this Return.	Drs C Heavenrich
Address,	609 Harwood St
Remarks,	

The above schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, [illegible] have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon the first and third day of each and every month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	9th of December 1887
4. Place of Birth (Street and Number),	1915 Jefferson Street
5. Full Name of Mother,	Mary Spahn.
6. Mother's Maiden Name,	Mary Koll
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Koll
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kuntzel
Address,	213 North Chapel St. per Justina Kuntzel
Remarks,	Healthy.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* December 4th 1894
4. *Place of Birth (Street and Number),* 1201 Church St.
5. *Full Name of Mother,* Mary Gilmore
6. *Mother's Maiden Name,* Mary Roberts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel H Gilmore
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. H. McCollum

Address, 30 E Lexington St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH ~~99083~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th 99083.
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 4th
4. *Place of Birth, (Street and Number)*	1114 Somerset st
5. *Full Name of Mother,*	Helene Ebenberg
6. *Mother's Maiden Name,*	" Sauter
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Michel Ebenberg
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Ger
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N Gay st
Remarks,	

Baltimore under whose charge to attend the birth of each child, to be kept at the office of Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall, within ... register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d,

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Dec. 4 d,
4. *Place of Birth, (Street and Number)* 2034 E. Monroe st.
5. *Full Name of Mother,* Louisa Leidner
6. *Mother's Maiden Name,* Louisa Yaeger
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Jacob Leidner
9. *Father's Occupation,* Railroad Laborer
10. *Father's Birthplace,* Balti. County

Name of Medical Attendant, or other person who makes this Return. Maria Anna Meyer

Address, 1937 E. Biddle st.

Remarks,

RETURN OF A BIRTH 99085.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Dec 4th 1884
4. *Place of Birth (Street and Number),* No 1634 South Charles st
5. *Full Name of Mother,* Fanny Shadrick
6. *Mother's Maiden Name,* Fanny Kane
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Archibald Shadrick
9. *Father's Occupation,* Machinest
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1616 S Charles st

Remarks,

Every Midwife shall register each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99086.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) color
3. Date of Birth, the 4 of december
4. Place of Birth, (Street and Number) No 806 Eddem hall
5. Full Name of Mother, Mary More
6. Mother's Maiden Name, Mary davis
7. Mother's Birthplace, Oxford
8. Full Name of Father, Charle More
9. Father's Occupation, Saillor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mulley Gross

Address, 229. york street.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 99087

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 4th Dec 1887

4. Place of Birth, (Street and Number) 180 Hamburg

5. Full Name of Mother, Ellen Hoffman

6. Mother's Maiden Name, " Schaum

7. Mother's Birthplace, Baden

8. Full Name of Father, Charles Hoffman

9. Father's Occupation, Boxmaker

10. Father's Birthplace, Baden

Name of Medical Attendant, or other Person who makes this Return Dr H Wehrley

Address, 106 Penn

Remarks,

RETURN OF A BIRTH 99088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 4th
4. *Place of Birth, (Street and Number)*	1121 Central ave
5. *Full Name of Mother,*	Catherine Luber
6. *Mother's Maiden Name,*	" Kreger
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Luber
9. *Father's Occupation,*	Tayler
10. *Father's Birthplace,*	Washington
Name of Medical Attendant or other person who makes this Return.	Mrs Julia Groom
Address,	910 E Gay St
Remarks,	

Register of such Birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 99089

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 4th 1889
4. Place of Birth (Street and Number)	Mary Carter Ave. 6th door South of Boundary East Side
5. Full Name of Mother	Donna Carter Rice
6. Mother's Maiden Name	Carter
7. Mother's Birthplace	Virginia
8. Full Name of Father	Charles Rice
9. Father's Occupation	Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Cregg Powell MD
Address	212 Madison St
Remarks	

RETURN OF A BIRTH 99090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 1 1887
4. Place of Birth (Street and Number),	193 E Randall St
5. Full Name of Mother,	Cora V Bradley
6. Mother's Maiden Name,	" " Cox
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo W Bradley
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thos Cooke M.D.
Address,	518 Hanover St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 4th 1857
4. *Place of Birth, (Street and Number)* 1219 Short Jefferson st
5. *Full Name of Mother,* Sarah Francis Berry
6. *Mother's Maiden Name,* Sarah Francis Johnson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James Edward Berry
9. *Father's Occupation,* Seaman
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other Person who makes this Return. Darkey Tomlin

Address, No 308 Chestnut St

Remarks,

under which it is issued, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 99092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 4th
4. Place of Birth, (Street and Number) 1306 E Pratt Str
5. Full Name of Mother, Esta
6. Mother's Maiden Name, Hershall
7. Mother's Birthplace, Russia
8. Full Name of Father, Chaim Lubarch
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Landsd Sto Esta

Address, Mrs Kaplan

Remarks,

under whose charge or supervision a birth shall have occurred after the [illegible] of January, 1898, to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter mentioned, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	5th of December 1857.
4. Place of Birth (Street and Number),	944 Patterson Park Ave.
5. Full Name of Mother,	Laura Baursack.
6. Mother's Maiden Name,	Laura Groves
7. Mother's Birthplace,	Baltimore County
8. Full Name of Father,	William Groves.
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Charles County
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel.
Address,	213 North Chapel st. for Justina Kunkel
Remarks,	Healthy.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 5th 1899
4. *Place of Birth, (Street and Number)* 2116 Hanover st
5. *Full Name of Mother,* Ellen Stinson
6. *Mother's Maiden Name,* Ellen Bailey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Stinson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ridley colored

Address, 712 E Bradford

Remarks,

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 5 1887
4. *Place of Birth, (Street and Number)*	1502 South Ealey St.
5. *Full Name of Mother,*	Annie Dembinsk
6. *Mother's Maiden Name,*	A Wietnyzichonsk
7. *Mother's Birthplace,*	germey
8. *Full Name of Father,*	John Dembinsk
9. *Father's Occupation,*	Taylor
10. *Father's Birthplace,*	germey
Name of Medical Attendant, or other Person who makes this Return.	Mary Fraung
Address,	414 South Stricker St
Remarks,	Mother and child are doing well

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred [illegible] and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the [illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	5 December
4. Place of Birth (Street and Number),	5-5-7 Alfred street
5. Full Name of Mother,	Jennie Winder
6. Mother's Maiden Name,	Fitzgerson
7. Mother's Birthplace,	Fredrick burg Virginia
8. Full Name of Father,	Thomas Winder
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Eastern Shore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710. Tyson street
Remarks,	

RETURN OF A BIRTH 99097

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 5/87
4. *Place of Birth, (Street and Number)*	2013 E. Lombard St
5. *Full Name of Mother,*	Rosa May Rasmussen
6. *Mother's Maiden Name,*	" " Kolb
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	P. C. H. Rasmussen
9. *Father's Occupation,*	Paint Business
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D.
Address,	129 So Broadway
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 99068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2 nd
1. *Sex,* (*State whether male or female*)	Male
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth.*	Nov Dec 5th (00)
4. *Place of Birth,* (*Street and Number*)	502 Caroline St
5. *Full Name of Mother.*	Mary Somers
6. *Mother's Maiden Name.*	Mary Dickens
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Scott Somers
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham M.D.
Address,	725 Columbia ave
Remarks,	

RETURN OF A BIRTH 99099

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec: 5th 1887
4. *Place of Birth, (Street and Number)*	1901 Charles Street
5. *Full Name of Mother,*	Mabel Lee Forge
6. *Mother's Maiden Name,*	Mabel Lee
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John L. Forge
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H. P. Chilton
Address.	814 Park Avenue
Remarks.	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* one boy and a girl
2. *Race or Color, (if not of the white race)* Colored twins
3. *Date of Birth,* Dec 5th 17
4. *Place of Birth, (Street and Number)* No 6 Cooks Court
5. *Full Name of Mother,* Mrs Emma Blake
6. *Mother's Maiden Name,* miss Emma Johnson
7. *Mother's Birthplace,* Bel matthews County Va
8. *Full Name of Father,* John. S. Blake
9. *Father's Occupation,* Sea Cook
10. *Father's Birthplace,* King and Queen County Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Smoot

Address, No 27 S. Bethel St

Remarks, Baltimore

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 5th '87
4. *Place of Birth, (Street and Number)* 1029 Valley st.
5. *Full Name of Mother,* Anna Considine
6. *Mother's Maiden Name,* Anna Kelly
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Jas. Considine
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. John F. Mennemen M.D.

Address, 51 W. Saratoga & Read sts.

Remarks,

under whose charge of [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the Christian and surname of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, or other person to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Boy
2. Race or Color (if not of the white race), white
3. Date of Birth, December 5 1881
4. Place of Birth (Street and Number), Garrett ave 1342
5. Full Name of Mother, Aloysia Garcis
6. Mother's Maiden Name, Streiter
7. Mother's Birthplace, Kamike - Russland
8. Full Name of Father, Peter Garcis
9. Father's Occupation, Kohlenarbeiter
10. Father's Birthplace, Köhler - Russland

Name of Medical Attendant, or other person who makes this Return. Johanes Jenske

Address, Garrett ave 1313 Locust Point

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Sun Printing & Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	~~Dec~~ Dec 5 1887
4. Place of Birth, (Street and Number)	S E cor Fayette & Arch
5. Full Name of Mother,	Jetta Sigel
6. Mother's Maiden Name,	Jetta Kohn
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Morris Sigel
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other Person who makes this Return.	W Greenewald MD
Address,	310 E Eutaw Street
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

99104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	colored
3. *Date of Birth,*	december 5
4. *Place of Birth (Street and Number),*	city lying at 1650
5. *Full Name of Mother,*	jennie [redacted] moaton
6. *Mother's Maiden Name,*	jennie staton
7. *Mother's Birthplace,*	baltimor md
8. *Full Name of Father,*	andrew moaton
9. *Father's Occupation,*	butcher
10. *Father's Birthplace,*	howard county
Name of Medical Attendant, or other person who makes this Return.	dr warren
Address,	no 5 carrol avenew
Remarks,	

registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seconda Child
1. Sex (state whether male or female),	Little Boy
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 5th of December 1899
4. Place of Birth (Street and Number),	1531 Ramsey st
5. Full Name of Mother,	Mrs. Schipler
6. Mother's Maiden Name,	Miss Teipel
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr. Schipley
9. Father's Occupation,	By trade Carpenter
10. Father's Birthplace,	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

more than one child, or of a stillborn child, to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, if any shall have been born, and shall set forth as far as the same can be ascertained the full name of parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 December
4. *Place of Birth, (Street and Number)* 915 Eaton Street
5. *Full Name of Mother,* Marie Beller
6. *Mother's Maiden Name,* Metz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jean L. Beller
9. *Father's Occupation,* Cartier
10. *Father's Birthplace,* Ellenbach Rheinpfalz Bavaria

Name of Medical Attendant, or other Person who makes this Return. Anna Kalb

Address, 1249 So. Eager St.

Remarks,

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under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the (Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the same schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person so in attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6th 1887
4. *Place of Birth, (Street and Number)* 235 Richmond Ave
5. *Full Name of Mother,* Henrietta Mitchell Livingston
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo F. Livingston
9. *Father's Occupation,* ~~Lab.~~ Rubber Factory
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C B Gamble M D

Address, 925 Cathedral Street

Remarks,

under whose charge or Superintendence a birth shall happen [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section [illegible] subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 99108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex*, (state whether male or ~~female~~)
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* Dec 6th 1897
4. *Place of Birth*, (Street and Number) # 204 N. Schroder
5. *Full Name of Mother*, Emma S. Bone
6. *Mother's Maiden Name*, " " Gropp
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, Herman Bone
9. *Father's Occupation*, Wheelwright
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Stradford

Address, 888 N. Gonlard

Remarks,

...under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec 6th 1899
4. Place of Birth (Street and Number), 646 Brune St
5. Full Name of Mother, Minnie G. Hammer
6. Mother's Maiden Name, Schwinn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm G. Hammer
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E. P. Lee M.D.

Address, 602 N Carey St

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 6th. 1887.
4. *Place of Birth, (Street and Number)*	1600 Lorman St.
5. *Full Name of Mother,*	Clara MacKenzie
6. *Mother's Maiden Name,*	Clara Smith
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Jas. MacKenzie
9. *Father's Occupation,*	Plasterer.
10. *Father's Birthplace,*	Ellicotts city Md.
Name of Medical Attendant, or other Person who makes this Return.	H. C. Ohls. M.D.
Address,	Cor. Carrollton Ave & Fayette St.
Remarks,	

...under a like charge or forfeiture, to be furnished by the commissioner of Health. This schedule shall contain a ...ard shall enter the same on a blank schedule to be furnished by the commissioner of Health. This schedule shall contain a ...14 of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ...ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its ...parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a ...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the ...birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person ...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to ...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person ...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Ltd. Printers and Stationers.

RETURN OF A BIRTH 99111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 6th 1897
4. Place of Birth (Street and Number),	1204 Foster alley
5. Full Name of Mother,	Carrie Gibson
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto md
8. Full Name of Father,	J. K. Gibson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto md
Name of Medical Attendant, or other person who makes this Return.	Hester Catanee
Address,	605 Preston st
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.) 8th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th of December 1887
4. Place of Birth, (Street and Number) Baltimore No 1033 Greenmount ave
5. Full Name of Mother, Mrs Rose Batchelor
6. Mother's Maiden Name, Miss Rose Lynch
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Walter Scott Batchelor
9. Father's Occupation, Night Watchman
10. Father's Birthplace, Baltimore MD.

Name of Medical Attendant, or other Person who makes this Return Mrs Worden

Address, 939 Greenmount ave

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* colored
3. *Date of Birth,* Dec 6 1899
4. *Place of Birth (Street and Number),* 771 Pine st
5. *Full Name of Mother,* Julia Hawkins
6. *Mother's Maiden Name,* Julia Brown
7. *Mother's Birthplace,* South River Anne Arundel Co md
8. *Full Name of Father,* John H. Hawkins
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Guilford Howard Co md

Name of Medical Attendant, or other person who makes this Return. Mrs Charlotte Williams

Address, 607 S Howard st

Remarks, Fine Dollars

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. Said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th 99114
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 6. 1887
4. *Place of Birth, (Street and Number)*	122 S. Pattison Park Av.
5. *Full Name of Mother,*	Jane Lewis
6. *Mother's Maiden Name,*	Jane Dodd,
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	John W. Lewis,
9. *Father's Occupation,*	Superintendent of Light Houses,
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	D. W. Hoeck M.D.
Address,	1005 E. Baltimore St.
Remarks,	

The Registrar, to whom this birth is reported, shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-2-1-54

RETURN OF A BIRTH.

99115

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Edna Rebecca Springer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 6th 1887
4. *Place of Birth (Street and Number)* No. 842 Columbia Ave.
5. *Full Name of Mother* Elvie L. Springer
6. *Mother's Maiden Name* " " Thomas
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Eugene D. Springer
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Ridgely Hammond M.D.

Address 502 North Carey St.

Remarks

RETURN OF A BIRTH 99116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall [illegible] inferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the [illegible] immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 6th 1887
4. Place of Birth (Street and Number),	1332 Monument St
5. Full Name of Mother,	Mary A Whittaker
6. Mother's Maiden Name,	" " Kroft
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Joseph Whittaker
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	Theodore Capelhart
Address,	578 Canton Ave
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall affix the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth after as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Daily Bindery, City Printers and Stationers.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 99117

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Color
3. Date of Birth, Dec 6th 1897
4. Place of Birth (Street and Number), 1047 Ohio Avenue
5. Full Name of Mother, Sarah Thomas
6. Mother's Maiden Name, Sarah Chase
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, George Thomas
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Baltimore City Md

Name of [redacted] Medical Attendant, or other person who makes this Return. Mrs [redacted] Angeline Wilson

Address, 1049 S. Howard st

Remarks, 4th child Live one day and the Cause of death not known

RETURN OF A BIRTH 99118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Cemille Vickers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, December the seventh, 1887
4. Place of Birth, (Street and Number) 1006 N. Third
5. Full Name of Mother, Margaret Vickers
6. Mother's Maiden Name, Margaret Starling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward B. Vickers
9. Father's Occupation, Fuller
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return. Mrs Cornelia Allen

Address, 1426 Garrett ave

Remarks, GIVEN NAME ADDED 9-22-53

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been christened) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. GUDE & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, [illegible])

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 7th 1859
4. *Place of Birth, (Street and Number)* 246 Portland st
5. *Full Name of Mother,* Mary Ann Mohen
6. *Mother's Maiden Name,* Mary Ann Kerr
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Mohen
9. *Father's Occupation,* coachman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. William Lee

Address, S. E. Entaw & Hoffman

Remarks,

SECTION 4.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth, and such other schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Cumming & Co., City Printers and Stationers.

RETURN OF A BIRTH 99120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, 7 of December 1887.
4. Place of Birth, (Street and Number) S. Exeter st 101
5. Full Name of Mother, Anna Father
6. Mother's Maiden Name, ~~Europe~~
7. Mother's Birthplace, Europe
8. Full Name of Father, Salomon Father
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and nationality of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 99121.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	Black.
3. Date of Birth.	Dec 4 1887.
4. Place of Birth, (Street and Number)	719 Hanover St.
5. Full Name of Mother,	Alice Coleman
6. Mother's Maiden Name,	Moore
7. Mother's Birthplace,	Maryland.
8. Full Name of Father,	John H Coleman
9. Father's Occupation,	Boat Waiter
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	C A Lewis
Address,	602 Hanover St.
Remarks,	

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

...ED STATIONERS.

RETURN OF A BIRTH 99122.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 2nd 1897
4. *Place of Birth, (Street and Number)*	No 635 Fallsway Park No
5. *Full Name of Mother,*	Addie Winkelmann
6. *Mother's Maiden Name,*	" Sullivan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fredrick Winkelmann
9. *Father's Occupation,*	Mate on Pleg Boat
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Tilly
Address,	No 611 Fallsway Park No
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9913.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Six Child
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	December
4. *Place of Birth, (Street and Number)*	No 644 Chestnut Alley
5. *Full Name of Mother,*	Hearted Grewood
6. *Mother's Maiden Name,*	Hearted Samerson
7. *Mother's Birthplace,*	Saint Marys County
8. *Full Name of Father,*	Jarod Grewood
9. *Father's Occupation,*	Waiter Grocer
10. *Father's Birthplace,*	Saint Marys County
Name of Medical Attendant, or other person who makes this Return.	Sucelie Leonard
Address,	No 108 Shurtle Alley
Remarks,	

...ance where no fee or reward is received for such attendance, to be furnished by the Commissioner of ...register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 5th 1897
4. *Place of Birth (Street and Number),* 602 Shark St
5. *Full Name of Mother,* Rose E Armstrong
6. *Mother's Maiden Name,* " " Ball
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Thos R Armstrong
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Thos Lee Cooper M.D.

Address, 515 Hanover St

Remarks,

Register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Dec. 6, 1887
4. Place of Birth (Street and Number),	1006 Chesapeake St.
5. Full Name of Mother,	Ella Sire
6. Mother's Maiden Name,	Ella Nell
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Frederick Lennel Sire
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9.9126.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5

1. Sex, (State whether male or female) boy
2. Race or color, (if not of the white race) Cole
3. Date of Birth, Dec 6 1887
4. Place of Birth, (Street and Number) No 642 Freemason st
5. Full Name of Mother, Mage Whites
6. Mother's Maiden Name, Mage Meese
7. Mother's Birthplace, North va
8. Full Name of Father, Stephen H. White
9. Father's Occupation, Meate Easte
10. Father's Birthplace, Lizzie City Carolina

Name of Medical Attendant, or other person who makes this Return. Nelle Cook

Address, 1610 S Wood st

Remarks,

WM. J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9917.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct account of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of Ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	638 Eastern Ave December 6.
4. *Place of Birth, (Street and Number)*	
5. *Full Name of Mother,*	Mary Cooper Carter
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Henry Cooper
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Dr. H. E. Simms M.D.
Address,	928 Madison Ave
Remarks,	

RETURN OF A BIRTH 99128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	December 7th 1887.
4. Place of Birth (Street and Number),	817 N. Fulton Ave.
5. Full Name of Mother,	Willietta Frances Lickle
6. Mother's Maiden Name,	" " Fraikle
7. Mother's Birthplace,	Lancaster Co. Virginia
8. Full Name of Father,	John Dallas Lickle
9. Father's Occupation,	Physician
10. Father's Birthplace,	Frederick Co. Maryland
Name of Medical Attendant, or other person who makes this Return.	John D. Lickle M.D.
Address,	817 N. Fulton Avenue Baltimore. Md.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nellie Pauline Bailey 6th 99129

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 7th December 1897

4. Place of Birth, (Street and Number) 1321 N Longe Lane

5. Full Name of Mother, Sarah Bailey

6. Mother's Maiden Name, Nebelt

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm C Bailey

9. Father's Occupation, Painter

10. Father's Birthplace, Pocahontas Co Va

Name of Medical Attendant, or other Person who makes this Return Dr H H Nebelt

Address, 10 E Baltimore

Remarks, GIVEN NAME ADDED. 12-30-52

Section 3. And be it further ordained, That any midwife or superintendence a birth shall hereafter take place, shall keep a true and of Baltimore, under whose charge or exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

JOHN B. PILET & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

99130

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 7/87
4. Place of Birth (Street and Number)	209 N. Poppleton
5. Full Name of Mother	Rosa Alice Cassell Alexander
6. Mother's Maiden Name	
7. Mother's Birthplace	Carroll Co. Md.
8. Full Name of Father	Charles Henry Cassell
9. Father's Occupation	House-Painter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M D
Address	414 N Arlington Ave
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex, (state whether ~~male~~ or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Dec 7th 1887
4. Place of Birth, (Street and Number)	117 North Stricker St
5. Full Name of Mother,	Katie Gibbs Baynes
6. Mother's Maiden Name,	Katie Gibbs
7. Mother's Birthplace,	Danville Indiana
8. Full Name of Father,	Oswald Baynes
9. Father's Occupation,	Lawyer Book
10. Father's Birthplace,	London Canada
Name of Medical Attendant, or other person who makes this Return.	F West M D
Address,	Natural Tutor 1123 N Eutaw St
Remarks,	Balto Md

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

99122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex.* (*State whether male or female*)	Male
2. *Race or color,* (*if not of the white race*)	Colored
3. *Date of Birth,*	Dec 7/87
4. *Place of Birth,* (*Street and Number*)	81 Druid St
5. *Full Name of Mother,*	Lizzie Charles
6. *Mother's Maiden Name,*	Lizzie Charles
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Chas Hamtman
9. *Father's Occupation,*	None
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Moreland
Address,	
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

99133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) .....

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Dec 7th 87
4. Place of Birth, (Street and Number) 21 Painter St
5. Full Name of Mother, Bettie Jackson
6. Mother's Maiden Name, Oakley
7. Mother's Birthplace, Virginia
8. Full Name of Father, Dan'l Jackson
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Dr Mrs Fowler

Address. 306 Lemmon St

Remarks, ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97134.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Black

3. Date of Birth, Dec 7th 1887

4. Place of Birth (Street and Number), 702 Lemmon Court

5. Full Name of Mother, Jennie Marshall

6. Mother's Maiden Name, Jennie Gilmore

7. Mother's Birthplace, Centreville Md

8. Full Name of Father, Johnson Woods

9. Father's Occupation, Laborer

10. Father's Birthplace, Cuba N. C.

Name of Medical Attendant, or other person who makes this Return. A. L. Coulson M.D.

Address, City Hospital

Remarks, Fever and Convulsions on Eleventh

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more than one child at a birth, each child must be registered as a separate case, and keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereafter given, on the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec 4th 1887
4. Place of Birth (Street and Number), 1330 Hanover St
5. Full Name of Mother, Annie L Dunn
6. Mother's Maiden Name, " L Coleman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Dunn
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 518 Hanover St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. 99136.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 7 1871
4. Place of Birth, (Street and Number) 9 bond street
5. Full Name of Mother, Martha E cooper
6. Mother's Maiden Name, Martha E matten
7. Mother's Birthplace, baltimore
8. Full Name of Father, francis a cooper
9. Father's Occupation, duster
10. Father's Birthplace, baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary conner 424

Address, patterson park avenue

Remarks,

SECTION 7.—And be it further enacted and ordained that the [illegible] whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its rents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a rtificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

[illegible], City Printers and Stationers.

RETURN OF A BIRTH 99137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15th of September 1903
4. *Place of Birth (Street and Number),* No 1403 Washington Ave
5. *Full Name of Mother,* Annie Nye Ebert
6. *Mother's Maiden Name,* Annie Gaughan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Bernard Joseph Ebert
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. C. Lewis

Address, No 1059 Hanover Ave

Remarks, Bal Md

1903

Persons required by law to report births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

owe 99138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child	Walter Henry Brandt
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	1. December 1887.
4. Place of Birth (Street and Number),	217. Hamburg Str.
5. Full Name of Mother,	Auguste Brandt
6. Mother's Maiden Name,	Auguste Broening.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Heinrich Brandt.
9. Father's Occupation,	Gelder
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Auguste Bossieu.
Address,	927. South Sharp Str.
Remarks,	

[redacted]

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concealed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10. D.
1. Sex (state whether male or female),	male.
2. Race or Color (if not of the white race),	white.
3. Date of Birth,	1. Dezember. 1887.
4. Place of Birth (Street and Number),	1215 China Alley.
5. Full Name of Mother,	Barbara Ziegler.
6. Mother's Maiden Name,	Barbara König.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Gottlob Ziegler.
9. Father's Occupation,	Tailor.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Augusto Bosiden.
Address,	927 South Sharp St.
Remarks,	

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. 2.
1. Sex (state whether male or female),	male. Wilhelm.
2. Race or Color (if not of the white race),	white.
3. Date of Birth,	5. December 1887.
4. Place of Birth (Street and Number),	929. Litten: Hall. Av.
5. Full Name of Mother,	Katharina Fortmann
6. Mother's Maiden Name,	Katharina Keller.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Heinrich Fortmann
9. Father's Occupation,	Tinner.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	August Bosien.
Address,	927. South: Sharp. St.
Remarks,	

mothers under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Dec. 7 1887
4. *Place of Birth, (Street and Number)*	512 S Fremont
5. *Full Name of Mother,*	Bertha Rapcosf
6. *Mother's Maiden Name,*	Bertha Apfel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Moritz Rapcosf
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald MD
Address,	310 N Eutaw Street
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99142.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 8 1889
4. *Place of Birth, (Street and Number)*	1002 N Baltimore
5. *Full Name of Mother,*	Sette Werner
6. *Mother's Maiden Name,*	" Plaut
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Werner
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other Person who makes this Return.	A Spiedenwald
Address,	310 N Eutaw Street
Remarks,	

Every Physician or Midwife in charge or Superintendence a Birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 4.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	8th Dec 1911
4. *Place of Birth, (Street and Number)*	31 Hartford
5. *Full Name of Mother,*	Maggie Brannon
6. *Mother's Maiden Name,*	Ryan
7. *Mother's Birthplace,*	Wales
8. *Full Name of Father,*	Michael Brannon
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Wales
Name of Medical Attendant, or other Person who makes this Return	Will Whelan
Address,	106 Hanover
Remarks,	

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. D.
1. Sex (state whether male or female),	female.
2. Race or Color (if not of the white race),	white.
3. Date of Birth,	8. December 1887.
4. Place of Birth (Street and Number),	1218 Ohio Avenue.
5. Full Name of Mother,	Anne Koerblein.
6. Mother's Maiden Name,	Anne Andruer.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Friedrich Wilhelm Koerblein
9. Father's Occupation,	Leber.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Auguste Bosion.
Address,	927 South Streets St.
Remarks,	

RETURN OF A BIRTH 99145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* American, White
3. *Date of Birth,* 9th December
4. *Place of Birth (Street and Number),* Baltimore, Charles St. 1707
5. *Full Name of Mother,* Henr. Gwinn
6. *Mother's Maiden Name,* Mary Hill
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Washington Gwinn
9. *Father's Occupation,* Blacksmith.
10. *Father's Birthplace.* Washington

Name of Medical Attendant, or other person who makes this Return. Mr. Young

Address, 1825 Lombard St.

Remarks, Good Midwife

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall thereafter become the duty of the parents or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 8th 1887
4. *Place of Birth, (Street and Number)*	1008 Edmondson Ave
5. *Full Name of Mother,*	Hattie L Van Auden
6. *Mother's Maiden Name,*	Hattie L Pfeffer
7. *Mother's Birthplace,*	Mozadore Ohio
8. *Full Name of Father,*	C V Van Auden
9. *Father's Occupation,*	Newspaperman
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other person who makes this Return.	Fleet M D
Address,	1123 Eutaw St
Remarks,	Instrumental delivery

RETURN OF A BIRTH 99147.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been considered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	6th December
4. *Place of Birth, (Street and Number)*	912 President-st
5. *Full Name of Mother,*	Mary Lockery Stabbeden
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Lockery
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1916 E. Lombard st.
Remarks,	

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99148.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained, that every person who shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 8th 1887
4. *Place of Birth, (Street and Number)*	758 Hamburg St
5. *Full Name of Mother,*	Mary E Boyd
6. *Mother's Maiden Name,*	Keilholtz
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Fredk E Boyd
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo B Faulmann M.D.
Address,	725 Columbia Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99149.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, December 8th 1897
4. Place of Birth, (Street and Number) 202 N Fremont Ave
5. Full Name of Mother, Ellie A. Alban
6. Mother's Maiden Name, Ellie A Mulligan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. F. Alban
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payne Allen St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 79150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	December the 8
4. Place of Birth, (Street and Number)	Baltimore 202 So Strieker
5. Full Name of Mother,	Mary Spille
6. Mother's Maiden Name,	Mary Conway
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Michael Nalle
9. Father's Occupation,	Car Driver
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Payne Street
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person do the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. MURRAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Geboren den 8ten December
4. Place of Birth (Street and Number),	1636 Eastern Ave
5. Full Name of Mother,	Lise Stein
6. Mother's Maiden Name,	Lise Bibert
7. Mother's Birthplace,	Germanie
8. Full Name of Father,	Georg Stein
9. Father's Occupation,	Lacker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Koerfmann
Address,	517 S. Dallas Str
Remarks,	Hebamme

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 99152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	8th December
4. Place of Birth, (Street and Number)	1237 South Paca Street
5. Full Name of Mother,	Mrs Margret Baker
6. Mother's Maiden Name,	Margret Connolly
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Baker
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Kate Cross
Address,	413 South Poppleton St
Remarks,	

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur [illegible] the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 8th
4. *Place of Birth, (Street and Number)* 743 Sarah Ann
5. *Full Name of Mother,* Sarah Neal Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* South Carolina
8. *Full Name of Father,* Aaron Dent
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* South Carolina

Name of Medical Attendant, or other Person who makes this Return. Geo. R. Fleming M.D.

Address, 928 Madison Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d — 99154
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 8/83
4. Place of Birth, (Street and Number)	721 Hamburg
5. Full Name of Mother,	Philomena
6. Mother's Maiden Name,	Volk
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Benjamin A. Key
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	J. H. Smith M.D.
Address,	709 S. Charles St.
Remarks,	Mat. Leak.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 99155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* Dec. 8 - '89 - 10 P.M.
4. *Place of Birth*, (Street and Number) 910 E. North Avenue St.
5. *Full Name of Mother*, Nannie Catherine Stephens
6. *Mother's Maiden Name*, M. C. Kerr
7. *Mother's Birthplace*, Cambridge, Dorchester Co., Md.
8. *Full Name of Father*, Joshua William Stephens
9. *Father's Occupation*, Carpenter - Iron
10. *Father's Birthplace*, Gilmer, Upshur Co., Texas

Name of Medical Attendant, or other Person who makes this Return. E. H. Watters, M.D.

Address, 1429 N. Eutaw St., Balto.

Remarks, Inspection of head at eighteen months, no defects. Eyes defective.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and residence of its parents, the date and place of birth, and the name, residence and occupation of the attending physician or midwife. A certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 99158.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 3rd 1887

4. Place of Birth, (Street and Number) #1529 Charles St South

5. Full Name of Mother, Kate J. Smith

6. Mother's Maiden Name, " " Stein

7. Mother's Birthplace, Balto City

8. Full Name of Father, Edl Smith.

9. Father's Occupation, Box Maker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Geo. W. Brown MD

Address. 716 Hanover St City

Remarks.

JOHN B. FORD & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the person in charge as aforesaid upon the mother immediately thereafter be unable to attend to the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 9715

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 3rd 1887
4. Place of Birth, (Street and Number) #213 Bank St Balt
5. Full Name of Mother, Carrie E. Morgan
6. Mother's Maiden Name, " " Bowen
7. Mother's Birthplace, Calvert Co.
8. Full Name of Father, Benj D Morgan
9. Father's Occupation, Farmer
10. Father's Birthplace, Calvert Co

Name of Medical Attendant, or other Person who makes this Return Jno. H. Bowen M.D.

Address, #516 Hanover St Balto City

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9915.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c~~) .....

1. *Sex, (~~state whether male or~~ female)* .....
2. *Race or color, (~~if not of the~~ white race)* .....
3. *Date of Birth,* December 4th 1887.
4. *Place of Birth, (Street and Number)* 1708 E Eager St
5. *Full Name of Mother,* Thany Gertrude Henderson,
6. *Mother's Maiden Name,* " " Griffin
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* Charles F Henderson.
9. *Father's Occupation,* Clerk — Baker,
10. *Father's Birthplace,* Balto — City

Name of Medical Attendant, or other person who makes this Return. J Ridgway Hiddi M.D.

Address, 1123 E Baltimore Street

Remarks, ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

99157.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 2.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	9th December
4. *Place of Birth, (Street and Number)*	306 President st
5. *Full Name of Mother,*	Kate Orien
6. *Mother's Maiden Name,*	Desmond
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Luca Orien
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Fayette st
Remarks,	

RETURN OF A BIRTH 99160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 13 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	dec 9 1887
4. Place of Birth, (Street and Number)	1115 Bowen St
5. Full Name of Mother,	Lily Greidel
6. Mother's Maiden Name,	Curtis
7. Mother's Birthplace,	Balto county
8. Full Name of Father,	Abraham Greidel
9. Father's Occupation,	cigar maker
10. Father's Birthplace,	Balto county
Name of Medical Attendant, or other person who makes this Return.	Geo R Rahmes MD
Address,	725 Columbia ave
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or other person having charge of such child, shall be required to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person [illegible] mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99161.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth the 7 Child

1. *Sex (state whether male or female),* Female Child
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* on the 7 of December 1857
4. *Place of Birth (Street and Number),* on Johnson St House Number 1205
5. *Full Name of Mother,* Margaret Kinkle
6. *Mother's Maiden Name,* Margaret Bahnlein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr Henry Kinkle
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar's certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the births of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9, December 1887.
4. *Place of Birth, (Street and Number)*	209 Parkin St
5. *Full Name of Mother,*	E G Decembad
6. *Mother's Maiden Name,*	E W Zaborske
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Stanonika Plocky
9. *Father's Occupation,*	Harness maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kraning
Address,	24 South Wolker Street
Remarks,	[illegible] and Child are Doing Well

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 9th December
4. Place of Birth, (Street and Number) 142 east street
5. Full Name of Mother, mrs Emma a Chester
6. Mother's Maiden Name, miss Emma augusta [redacted] Cilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, mr thomas Henry Chester
9. Father's Occupation, can factory
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Doctor tomblin

Address, 308 Chesnut. st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 6961.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 9th 97
4. Place of Birth (Street and Number),	124 E Montgomery st
5. Full Name of Mother,	Betty P Miller
6. Mother's Maiden Name,	Betty P Simmons
7. Mother's Birthplace,	Calvert Co Md.
8. Full Name of Father,	R Thomas Miller
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Calvert co Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cottrell
Address,	120 E Montgomery st.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

99165.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	December 9th 1881.
4. Place of Birth, (Street and Number)	No 503 Monroe St
5. Full Name of Mother,	Annie Serena Kontz
6. Mother's Maiden Name,	" " Dorsey
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Fleetwood Christian Kontz
9. Father's Occupation,	Tin Smith
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balt Dec 16. 1887.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Balto Dec 7. 1887.
4. *Place of Birth (Street and Number),* 722 Madison Alley.
5. *Full Name of Mother,* Minnie Miller
6. *Mother's Maiden Name,* Minnie Wagner.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Chas Miller.
9. *Father's Occupation,* Cooper.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Arnold.

Address, 711 South Wolfe St.

Remarks, C H

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9916-7.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	Laura M. Dean
3. Date of Birth,	Dec. 6 '67
4. Place of Birth (Street and Number),	1133 E. North Ave.
5. Full Name of Mother,	Margaret E. Dean
6. Mother's Maiden Name,	" " Hagan
7. Mother's Birthplace,	Md nick City Md
8. Full Name of Father,	Henry C. Dean
9. Father's Occupation,	Bricklayer,
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Edward F. McDevitt
Address,	208 Aisquith St.
Remarks,	Full name of child added by sister. Mary Ruth Dean, sister. H E Wehn - Reg. July 11-1959.

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child; it sex shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether male or female),	Little Boy
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 9th December
4. Place of Birth (Street and Number),	No 347 Bartlett st
5. Full Name of Mother,	Mrs Moerer ~~Mrs. Hutsenhyan~~
6. Mother's Maiden Name,	Miss Hutsenhyan
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Mr Moerer
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	2127 west Pratt st
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, or under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9969.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 10, 1887
4. Place of Birth, (Street and Number)	1602 N. Chester Street
5. Full Name of Mother,	Venie Link
6. Mother's Maiden Name,	Venie Brown.
7. Mother's Birthplace,	Baltimore — Maryland
8. Full Name of Father,	Fred. L. Link
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore — Maryland.
Name of Medical Attendant, or other Person who makes this Return.	I. F. Marbert M.D.
Address,	1429 N. Gay Street
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

99170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 10th December 1886.
4. Place of Birth, (Street and Number) 221 S. Greene St.
5. Full Name of Mother, Mildred Rose Edmonds.
6. Mother's Maiden Name, Mc. R. Lewis
7. Mother's Birthplace, Virginia.
8. Full Name of Father, William Cowart Edmonds.
9. Father's Occupation, Commercial Traveller.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. S. W. Little

Address, Fayette & Fremont Sts.

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Catherine Wiley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Given Child
1. *Sex,* (State whether male or female)	Female
2. *Race or color,* (if not of the white race)	White
3. *Date of Birth,*	December 10" 1881.
4. *Place of Birth,* (Street and Number)	No 635 Pattenson Park Ave.
5. *Full Name of Mother,*	Mary Wiley
6. *Mother's Maiden Name,*	" Mitzel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Wiley
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Pattenson Park Ave.
Remarks,	GIVEN NAME ADDED 5-22-53

Baltimore under whose charge of superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

99172.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	10th December
4. *Place of Birth, (Street and Number)*	410 S. Canal st
5. *Full Name of Mother,*	Kate Ritto
6. *Mother's Maiden Name,*	Ritto
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	John Ritto
9. *Father's Occupation,*	Gaspar
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Monument
Remarks,	

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the [illegible] of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BY J. C. DUFFY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 9713

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Dec. 10th 1887
4. *Place of Birth, (Street and Number)* No 1365 Whatcoat st
5. *Full Name of Mother,* Mary Lezier
6. *Mother's Maiden Name,* Mary Tobey
7. *Mother's Birthplace,* Carroll County Md
8. *Full Name of Father,* William Lezier
9. *Father's Occupation,* Oyster Sheller & Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return James S. Fulk, M.D.

Address, No 317 Penn st & 621 Townsend st

Remarks, What justice is there in a Law that forces a man to work without pay

Please give number of Street

BM. J. C. DUFFY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 79'74.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 10 1874
4. Place of Birth (Street and Number),	1115 Bernard st
5. Full Name of Mother,	Sophia Wm Emmett
6. Mother's Maiden Name,	" " Cleveland
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Louis Emmett
9. Father's Occupation,	Cash maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Theodore Cook M.D.
Address,	518 Bernard st
Remarks,	

Any person under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	December 10th
4. *Place of Birth, (Street and Number)*	655 Dover Street
5. *Full Name of Mother,*	Kate Raab
6. *Mother's Maiden Name,*	Kate Reichenbach
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Raab
9. *Father's Occupation,*	Box Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Hedwig Schaefer
Address,	529 Columbia Ave
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the other person to be in attendance depart the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9976.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Color
3. *Date of Birth,*	Dec 10 87
4. *Place of Birth, (Street and Number)*	30 1/2 Robb St
5. *Full Name of Mother,*	Bettie Armstrong
6. *Mother's Maiden Name,*	Bettie Baggage
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Thos Armstrong
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Jane Winslow
Address,	
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the child is born dead, or shall die before the first visit of the attendant, the fact shall be reported in the same manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99179.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* December 18, 1897
4. *Place of Birth, (Street and Number)* 28 Bethel St
5. *Full Name of Mother,* Clie Wilson
6. *Mother's Maiden Name.* Clie Harris
7. *Mother's Birthplace,* Norfolk Virginia
8. *Full Name of Father,* John Wilson
9. *Father's Occupation.* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Lucinda Hartfield

Address, 432 Register st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 4.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such births and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened), the sex, color, the full name and occupation of parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 10 1887

4. Place of Birth, (Street and Number) 526 E Str.

5. Full Name of Mother, Kate Katowitz
   Brinder

6. Mother's Maiden Name

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Katowitz

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St Balto Md

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

99179.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Dec 10th
4. *Place of Birth (Street and Number)*	133 Hennetta St
5. *Full Name of Mother*	Margret Minnie
6. *Mother's Maiden Name*	... Douglass
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	John Minnis
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Francis Gaudy
Address	936 Leadenhall St
Remarks	Doing well

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 99180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 10th
4. *Place of Birth, (Street and Number)*	721 S Bunke St
5. *Full Name of Mother,*	Magarth Eye
6. *Mother's Maiden Name,*	Magarth Kirchelmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Eye
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

DATE TIME ADDED 3-16-55

RETURN OF A BIRTH 99181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Edith Schroeder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	10th of December 1887
4. Place of Birth (Street and Number),	No 2119 W. Baltimore
5. Full Name of Mother,	Mrs. Schroeder
6. Mother's Maiden Name,	Miss Reitz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr John Schroeder
9. Father's Occupation,	Bar Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	212 7 west Pratt st
Remarks,	

Section 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, And shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner as the form of a certificate hereinafter mentioned, each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BOY BIRTH ADDED 7-26-10

RETURN OF A BIRTH 99182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Downie Jr.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, ~~4th~~.) second (2d)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, december 10th 1887
4. Place of Birth, (Street and Number) No. 22 E. Orleans Street
5. Full Name of Mother, Mrs. Mary Frances Downie
6. Mother's Maiden Name, Miss Mary F. Bishop
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. James Downie
9. Father's Occupation, Mariner
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Clendinen, M.D.

Address, No. 418 N. Broadway

Remarks, Nurse, Mechanician Mrs. Downie

Section 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate to be provided for each and every month by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, as aforesaid no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.):	6th Child
1. Sex (state whether male or female),	Boy
2. Race or Color (if not of the white race),	White
3. Date of Birth,	10th of December 1887
4. Place of Birth (Street and Number),	710 North Washington street
5. Full Name of Mother,	Lizzie Walter.
6. Mother's Maiden Name,	Lizzie Steinby.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Michael Steinby.
9. Father's Occupation,	Cigarmaker.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel.
Address,	213 North Chapel st. per Justina Kunkel.
Remarks,	Healthy.

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalty herein for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 10 — 1887.
4. *Place of Birth, (Street and Number)*	1141 Leadenhall st.
5. *Full Name of Mother,*	Mary Loosse.
6. *Mother's Maiden Name,*	Fourke.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Tomas Loosse.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lowasser. Midwife
Address,	1032 Hanover st.
Remarks,	

(94 3 5) BUGANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Secend Child

1. *Sex, (state whether male or female)* femail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* ~~Dec~~ Dec 10th 1897
4. *Place of Birth, (Street and Number)* No 105 Rayleigh st
5. *Full Name of Mother,* mary F Barber
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* City of Balto
8. *Full Name of Father,* not given
9. *Father's Occupation,* Not given
10. *Father's Birthplace,* " " "

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Butler

Address, no 18 carlton st

Remarks,

Section 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 15 Dec 1887
4. *Place of Birth (Street and Number),* 1116 Eastland Ave
5. *Full Name of Mother,* Annie Hall
6. *Mother's Maiden Name,* Annie Jarrat
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Grant Sebastian Hall
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Grant Sebastian Hall

Address, 1116 Eastland Ave

Remarks, Baltimore City

More under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said register shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Dec 1887.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Balto Dec 11 1887.
4. *Place of Birth (Street and Number),* 1124 Gough St.
5. *Full Name of Mother,* Annie Tibbett
6. *Mother's Maiden Name,* Annie Mackert
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Barney Tibbett
9. *Father's Occupation,* Ship Carpenter
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Hamond.

Address, 1126 South Wolfe St.

Remarks, ~~No~~

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 2nd 1887
4. *Place of Birth (Street and Number),* No 1302 Baltimore St
5. *Full Name of Mother,* Mary Cutler
6. *Mother's Maiden Name,* Mary Linkel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Cutler
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. A. Hillman

Address, No 1027 Hanover Corner

Remarks, Feb 2nd 1887

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

99189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	December 11th 1897
4. *Place of Birth, (Street and Number)*	512 S. Green Street
5. *Full Name of Mother,*	Kate Eaton
6. *Mother's Maiden Name,*	Kate Gallagher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Eaton
9. *Father's Occupation,*	glass Packer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Hellegunda Schleifer
Address,	529 Columbia Ave.
Remarks,	

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* Decem. 7/87
4. *Place of Birth, (Street and Number)* No. 1815. Westfield Place
5. *Full Name of Mother,* Maggie Zang
6. *Mother's Maiden Name,* Jones.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Joseph Zang
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Barnie Coens.

Address, No. 1714 Light St.

Remarks,

RETURN OF A BIRTH 79191.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 11 Dec. 1887
4. Place of Birth, (Street and Number) 2103 East. st
5. Full Name of Mother, Lizzie Jane Mamm.
6. Mother's Maiden Name, " " Kunsinder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Mamm.
9. Father's Occupation, Baltim
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 Patterson Park Ave.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] schedule shall be delivered [illegible] signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BULLARD & DO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 79192.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White race
3. Date of Birth,	11th of December
4. Place of Birth, (Street and Number)	Cambridge at 2310
5. Full Name of Mother,	Jenie Jones
6. Mother's Maiden Name,	Jenie Herold
7. Mother's Birthplace,	Baltimore Maryland
8. Full Name of Father,	Monzo N. Jones
9. Father's Occupation,	Potter
10. Father's Birthplace,	Baltimore Maryland
Name of Medical Attendant, or other person who makes this Return.	Miss Wiley
Address,	No 611 Patterson Park Ave
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. CHESLAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th Dec. 1897
4. *Place of Birth, (Street and Number)* 1202 E. Pat. Park Ave.
5. *Full Name of Mother,* Lillie Mae Hooker
6. *Mother's Maiden Name.* Linder
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William Hooker
9. *Father's Occupation,* Letter in Press Yard
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. C. C. Bond M.D.

Address, 1835 E. Baltimore St.

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Section 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the same to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 99/94

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Dec 11 1894
4. *Place of Birth, (Street and Number)* 908 Leadenhall Street
5. *Full Name of Mother,* Margret Hughes
6. *Mother's Maiden Name,* Margret Wilson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Hughes
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Abrilla Brooks

Address, 1132 Warren St

Remarks, ~~there~~ got the fare fall

Jean Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99195.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or female)* Name: Mary Helen Dunn
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17th 1887
4. *Place of Birth, (Street and Number)* 104 S Hanford Ave
5. *Full Name of Mother,* Margaret Dunn
6. *Mother's Maiden Name,* Margaret McGlenon
7. *Mother's Birthplace,* Newwinister Carroll Co Md
8. *Full Name of Father,* John Dunn
9. *Father's Occupation,* Justice of the Peace
10. *Father's Birthplace,* Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return. William Lee

Address, S.E. Cor Eutaw & Hoffman

Remarks,

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 11, 1887

4. Place of Birth, (Street and Number) 1603 Walker St.

5. Full Name of Mother, Maggie Bizzar

6. Mother's Maiden Name, ~~Reproth~~ Reproth

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Bizzar

9. Father's Occupation, Porter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Muller

Address, 1603 Walker St. Balto. Md.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99197.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Dec 2nd 1887
4. Place of Birth (Street and Number),	15 87 Gilmor St
5. Full Name of Mother,	Ida Todd
6. Mother's Maiden Name,	~~Pintuck~~ Jennuck
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Wm Todd
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Oxford
Name of Medical Attendant, or other person who makes this Return.	Anna Dunnegbee
Address,	609 Lapsley St
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	~~Dec~~ 7th 1887
4. Place of Birth (Street and Number),	2314 Mulberry St
5. Full Name of Mother,	Katie Kreamer
6. Mother's Maiden Name,	" Hoffman
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	August Kreamer
9. Father's Occupation,	Grocer
10. Father's Birthplace,	~~Balto~~ Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs A Freeman col
Address,	609 Hawkins St
Remarks,	

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Dec 9th

4. *Place of Birth, (Street and Number)* 1624 Bressman

5. *Full Name of Mother,* Ida B. Hoffman

6. *Mother's Maiden Name,* Ida B. Pearl

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father* William G. Hoffman

9. *Father's Occupation,* Paper hanger

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. C. Olds M. D.

Address, 1320 N Gilmor

Remarks,

HEALTH DEPARTMENT DEC 21 1897 BALTIMORE

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, and such other particulars as may be required by the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 10 th 1887
4. Place of Birth (Street and Number),	1625 Baker St
5. Full Name of Mother,	Katie Sasscer
6. Mother's Maiden Name,	" Dunnigan
7. Mother's Birthplace,	Phila
8. Full Name of Father,	Wm Sasscer
9. Father's Occupation,	Barnes Baker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas A Heuisler Jr
Address,	609 Mosher St
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99201.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~7th~~ 7th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1527 Stricker St
4. Place of Birth (Street and Number),	~~Nov~~ Dec 11th 1887
5. Full Name of Mother,	Ellen Baker
6. Mother's Maiden Name,	" McGee
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Dellison Baker
9. Father's Occupation,	Upholster
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Mrs A. Mussgrave
Address,	609 Mosher St
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 79202.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	Colord
3. *Date of Birth,*	dec 11th 1887
4. *Place of Birth,* (Street and Number)	114 Welcome Ally
5. *Full Name of Mother*	Catherine Dilliher Mason
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Charles Dilliher
9. *Father's Occupation,*	Oyster shucker
10. *Father's Birthplace*	Dauchester County md
Name of Medical Attendant, or other Person who makes this Return	Sarah Ann Brown
Address,	822 China st
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c., or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99103.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 first
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 December
4. *Place of Birth, (Street and Number)*	218 Hover Street
5. *Full Name of Mother,*	Fannie ~~Moore~~ McHugh
6. *Mother's Maiden Name,*	Fannie Moore McHugh.
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	Mary Jane Richardson
Address,	315 King Street
Remarks,	Erysipelas taken from its mother Born sick.

"Any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99204.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, December 11th 1897
4. Place of Birth (Street and Number), 736 Chestnut Alley
5. Full Name of Mother, Kate Wright
6. Mother's Maiden Name, " Eloma
7. Mother's Birthplace, Virginia
8. Full Name of Father, Carter B. Wright
9. Father's Occupation, Stevedore
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E Hamilton St

Remarks,

The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	11th December 1887
4. Place of Birth (Street and Number),	Vine Street
5. Full Name of Mother,	Fromm
6. Mother's Maiden Name,	Lena Hofmann
7. Mother's Birthplace,	Wurtenberg Germany
8. Full Name of Father,	Wilhelm Fromm
9. Father's Occupation,	Plumber
10. Father's Birthplace,	Wurtenberg Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	2127 west Pratt st
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99206.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White race.
3. *Date of Birth,*	Decem. 12/87.
4. *Place of Birth, (Street and Number)*	No 521 Charles St
5. *Full Name of Mother,*	Mary Berry
6. *Mother's Maiden Name,*	Hoffman
7. *Mother's Birthplace,*	Prussia Europe
8. *Full Name of Father,*	Frank Berry
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Evans
Address,	No. 1714 Light St.
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 17/87
4. Place of Birth (Street and Number),	637 Balto, St
5. Full Name of Mother,	Augusta Richardson
6. Mother's Maiden Name,	" Jones
7. Mother's Birthplace,	Md
8. Full Name of Father,	Frank Richardson
9. Father's Occupation,	Com. Merchant
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Jno. D. Blake
Address,	602 Pacific
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd 99208.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 12, 1887
4. *Place of Birth, (Street and Number)*	116 S. Patterson Park Av.
5. *Full Name of Mother,*	Madge W. Forsyth.
6. *Mother's Maiden Name,*	Madge W. Smith.
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Robt W. Forsyth,
9. *Father's Occupation,*	Minister
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	J. W. Hoch MD.
Address,	1005 E. Baltimore St.
Remarks,	

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner or midwifery, or should no other person in attendance upon the mother, immediately thereafter, it shall then become the duty of the [illegible] within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	December 12th 1887
4. *Place of Birth, (Street and Number)*	1005 Scott Street
5. *Full Name of Mother,*	Rosa Krabitz
6. *Mother's Maiden Name,*	Rosa Kroff
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ferd Krabitz
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Hellegunda Lebleifer
Address,	529 Columbia Ave.
Remarks,	

RETURN OF A BIRTH.

99210.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
(state whether Male or Female)	Male
or Color (if not of the white race)	Colored
of Birth	12th December
ce of Birth (Street and Number)	West St 538
Name of Mother	Sarah Parker
her's Maiden Name	Sarah Shew
her's Birthplace	Calvert County
Name of Father	John Parker
her's Occupation	Labourer
her's Birthplace	Calvert County
ne of Medical Attendant, or other Person who makes this return	Charity McBeallen
dress	608 S. Lombard St
narks	

ANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99211.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 12 1887
4. *Place of Birth, (Street and Number)* 1403 Block 17
5. *Full Name of Mother,* Frances et. Nelson
6. *Mother's Maiden Name,* Frances, et.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Nelson
9. *Father's Occupation,* Laboure
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mad Wife

Address, Mrs Louisa Smith

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child so report its birth to the Commissioner of Health. In the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Ltd. Printers and Stationers.

RETURN OF A BIRTH

99212.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ella Connelly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 "
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	12th Dec - 1887
4. Place of Birth, (Street and Number)	230 Cambridge St
5. Full Name of Mother,	Caroline Connelly
6. Mother's Maiden Name,	Tara
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Nicholas Connelly
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	611 Patterson Park Ave
Remarks,	12-2-52

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

99213.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 12, 8 P. M. 1887.
4. Place of Birth (Street and Number)	(Madison & Forest Sts) ~~Maryland Penitentiary~~
5. Full Name of Mother	M. E. Horn
6. Mother's Maiden Name	M. E. Quinlan
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Genl. Jno. W. Horn
9. Father's Occupation	Warden of Penitentiary
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. M. Gaskill. M.D.
Address	26 S. Broadway.
Remarks	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. 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This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sent to the office of the Commissioner of Health on the first day of each and every month, or before such time as may be required by the Commissioner of Health. Each and every birth which shall occur after the passage of this ordinance shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 2nd Dec 1857
4. *Place of Birth (Street and Number),* 20 Pratt Street
5. *Full Name of Mother,* Annie Klein
6. *Mother's Maiden Name,* Annie Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Simon Klein
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Geo. Schneider

Address, 20 105 Pratt Street

Remarks, Dec 2nd 1857

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

99215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Naomi Ossenburg

No. of Child of Mother, (state whether 1st, 2d, 3d) &c. Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17th, 1952
4. *Place of Birth, (Street and Number)* 2085 Barclay St.
5. *Full Name of Mother,* Mary Ossenburg
6. *Mother's Maiden Name,* Gastrock
7. *Mother's Birthplace,* Ralto City
8. *Full Name of Father,* Charles Ossenburg
9. *Father's Occupation,* Sea Captain
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. Hadley, M.D.

Address, 111 S. Broadway

Remarks, GIVEN [illegible] 9-23-52

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

99216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	11 December 1887
4. Place of Birth, (Street and Number)	Cecil near 108
5. Full Name of Mother,	Jane Lewis
6. Mother's Maiden Name,	Jones Thomas
7. Mother's Birthplace,	Anne Hill
8. Full Name of Father,	Louis Lewis
9. Father's Occupation,	Worker
10. Father's Birthplace,	Washington D.C
Name of Medical Attendant, or other Person who makes this Return.	Dr. Jno. Jones Wilson
Address,	Eutaw near Cecil
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule and register of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child of any shall have been conferred), its sex, color, the full name and occupation of its certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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Register of such Birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99217.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Dec. 12th 1887
4. *Place of Birth (Street and Number),*	1816 Druid Hill Ave
5. *Full Name of Mother,*	Adelaide Neff Wittman
6. *Mother's Maiden Name,*	Sfams
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John H. Wittman
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	J. H. Christian,
Address,	1821 Madison Ave., M. D.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9928.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 12th 1887
4. Place of Birth, (Street and Number) No 134 Lubeque st
5. Full Name of Mother, Julia Harris
6. Mother's Maiden Name, Julia Burkhamer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Harris
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hanning

Address, Hosp No 1577 Byrd st

Remarks.

RETURN OF A BIRTH 99219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	12th of December 1887
4. Place of Birth (Street and Number),	207 North Chappel Street
5. Full Name of Mother,	Katie Vogel
6. Mother's Maiden Name,	Katie Nicht
7. Mother's, Birthplace,	Germany
8. Full Name of Father,	John Nicht
9. Father's Occupation,	Cupper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chappel St. per Justina Kunkel
Remarks,	Healthy.

Register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 12th, 1887
4. Place of Birth, (Street and Number)	No. 1607 East Pratt Street
5. Full Name of Mother,	Mrs. Keturah Catharine Redmond
6. Mother's Maiden Name,	Miss. Keturah C. Young
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Mr. John Benjamin Redmond
9. Father's Occupation,	Mariner
10. Father's Birthplace,	St. Mary's County, Md.
Name of Medical Attendant, or other Person who makes this Return	Wm. H. Clendiner, M.D.
Address,	No. 418 N. Broadway
Remarks,	Nurse, Mrs. Theresa M. Bacon. No. 702 N. Eden Street.

under a like charge for each child not registered as herein required. It shall be the duty of the Commissioner of Health to keep a true and correct register of such births and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: Louise Courtenay Powell

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 13th 1887

4. Place of Birth, (Street and Number) 102 E. 2d St. N.

5. Full Name of Mother, Powell

6. Mother's Maiden Name, Isabelle Timmins.

7. Mother's Birthplace, Balto

8. Full Name of Father, Magruder Powell

9. Father's Occupation, Bank Clerk

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return J. W. Owings M.D.

Address, 1319 Madison Av

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of [illegible], and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 13th 1888
4. Place of Birth (Street and Number),	1201 Paca St
5. Full Name of Mother,	Ona E Clark
6. Mother's Maiden Name,	" " Slayton
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jno L Clark
9. Father's Occupation,	Com Merchant
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other person who makes this Return.	W Frazier Carlon M.D.
Address,	5189 Fulton St
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	18th December
4. *Place of Birth, (Street and Number)*	22, Spring st
5. *Full Name of Mother,*	Minnie Davis Ritter
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John F. Ward
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Bosford
Address,	1016 E. Fayette st
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall record as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)	5 Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White Race
3. Date of Birth,	Born December 13th 07
4. Place of Birth (Street and Number),	No 1950 W. Pratt st
5. Full Name of Mother,	Mrs. Lucinda Reeder
6. Mother's Maiden Name,	Miss Lucinda Atkinson
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr. Charles Reeder
9. Father's Occupation,	Cattle Dealer
10. Father's Birthplace,	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 99225

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2 d.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec 16 1887
4. *Place of Birth (Street and Number)*	421 Lilian St
5. *Full Name of Mother*	Clara A Appleby
6. *Mother's Maiden Name*	Clara Irving
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Saml C. Appleby
9. *Father's Occupation*	Reporter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm A. Hall M.D.
Address	1438 E. Baltimore St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

99226.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Mul
3. *Date of Birth* Dec 5th 99
4. *Place of Birth* (Street and Number) 1111 Saratoga (Intercity)
5. *Full Name of Mother* Louisa Mitchell
6. *Mother's Maiden Name* Lockhart
7. *Mother's Birthplace* York Penn
8. *Full Name of Father* Geo Mitchell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. T. F. Henry M.D.

Address 1525 N Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

99227

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 21 1887
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec. 6th 87
4. *Place of Birth* (Street and Number) 218 S. Collington Ave
5. *Full Name of Mother* Mary Glaeser
6. *Mother's Maiden Name* Brandau
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adolphe Glaeser
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. C. F. Jenkins M.D.

Address 1523 S. Belnord Ave

Remarks

RETURN OF A BIRTH 99228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Friday Dec 9th 1887
4. Place of Birth, (Street and Number)	551 Moore alley
5. Full Name of Mother,	Ella Cultis
6. Mother's Maiden Name,	Ella Foote
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Daniel Cultis
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Goldsborough
Address,	553 Moore alley
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars

RETURN OF A BIRTH 99229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been still-born, the sex, color, the full name and occupation of its parents, disease and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (15) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	5th Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	14th of December 1887
4. Place of Birth (Street and Number),	1194 East Orleans street
5. Full Name of Mother,	Katie Stokey
6. Mother's Maiden Name,	Katie Gill
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Gill
9. Father's Occupation,	Laborman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel
Address,	213 North Chapel St. for Justina Kunkel
Remarks,	Healthy

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Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 12 Dec 1907
4. *Place of Birth, (Street and Number)* 1721 E Lombard St
5. *Full Name of Mother,* Margaret Friedl
6. *Mother's Maiden Name,* Margaret Friedl
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ulrich Friedl
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koffel

Address, 1709 N Washington St

Remarks,

RETURN OF A BIRTH 99231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 10th 1887
4. Place of Birth, (Street and Number) 610 S. Sharp St
5. Full Name of Mother, Rosa Thoms
6. Mother's Maiden Name, [illegible] Ehrmann
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm L. Thoms
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return — Wm Gumbert M.D

Address, 610 S. Sharp St

Remarks,

...LAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. Sex, (state wheither male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, 10 Dec 887
4. Place of Birth, (Street and Number) 415 Duncan alley
5. Full Name of Mother, Lizzie Shirek
6. Mother's Maiden Name, Lizzie Kropa
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Anton Kropa
9. Father's Occupation, Cornmaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopfish

Address, 205 N Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 10 Dec 1887
4. *Place of Birth, (Street and Number)* 824 E Lombard St
5. *Full Name of Mother,* Mary Dienglin
6. *Mother's Maiden Name,* Mary Dozer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Dienglin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptick

Address, 207 N Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 99234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Born Sunday December 11th 1887
4. *Place of Birth, (Street and Number)* No 115 Welcome Alley near Hanover
5. *Full Name of Mother,* Mary E Brooks Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* Jacob H Smith
9. *Father's Occupation,* Mason
10. *Father's Birthplace,* Eastern Shore Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Emily Wise

Address, 123 Welcome alley between Hanover & Sharp

Remarks,

Every birth occurring within the city of Baltimore shall be reported to the Commissioner of Health, or to such person as he may designate, within ten days after such birth, by the physician or midwife in attendance, or by the father or mother of such child, or in case neither father nor mother is present, or capable of making such report, then by the householder or owner of the premises where such birth occurred. Every person required to report a birth shall state the full name of such child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth,* 13th December
4. *Place of Birth, (Street and Number)* May Mark Lane
5. *Full Name of Mother,* Mary Burrs
6. *Mother's Maiden Name,* Mary Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Burrs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. .....

Address, ...

Remarks, ...

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereafter prescribed by the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(7th) Seventh
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	December 13. 1887
4. Place of Birth (Street and Number),	1333. North Mount-Street
5. Full Name of Mother,	Alice Amelia Cole
6. Mother's Maiden Name,	Alice Amelia Hammer
7. Mother's Birthplace,	Loudoun County Virginia
8. Full Name of Father,	George Lemon Cole
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	J. C. Hammer
Address,	212 Franklin St
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth* Dec 13/87
4. *Place of Birth, (Street and Number)* # 119 Duncan Alley
5. *Full Name of Mother,* Anna Stapleton
6. *Mother's Maiden Name,* " Reed
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thos. Stapleton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. A. L. Gwynn M.D.

Address, 833 N. Gay St.

Remarks, ...

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 13, 1867

4. Place of Birth, (Street and Number) N. 4 Eutaw Street

5. Full Name of Mother, Elizabeth Clements

6. Mother's Maiden Name, Ensey

7. Mother's Birthplace, Balto City

8. Full Name of Father, George Clements

9. Father's Occupation, Coach Smith

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M. Gatch, M.D.

Address, 111 Broadway

Remarks,

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and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Law Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 99239

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 13 1887
4. Place of Birth, (Street and Number) 213 E Monument.
5. Full Name of Mother, Willie Hunt
6. Mother's Maiden Name, " 13yrs
7. Mother's Birthplace, Balto
8. Full Name of Father, Corbin F Hunt
9. Father's Occupation, Sea Captain
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Dr W Wheeler

Address, 106 Essex

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

B. FEIST & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

99240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 21 1897
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12th Dec.
4. *Place of Birth, (Street and Number)* 264 S. Duncan Alley
5. *Full Name of Mother,* Mary McDonald
6. *Mother's Maiden Name,* Mary Dunn
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick McDonald
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return — Mary A Patton

Address.

Remarks,

Chief Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of five dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. FELT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 December 1887
4. Place of Birth, (Street and Number) 416 Patterson park ave
5. Full Name of Mother, Louise eardley
6. Mother's Maiden Name, Louise Henderson
7. Mother's Birthplace, England
8. Full Name of Father, Edmon eardley
9. Father's Occupation, Potter
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mary 20 ne 424

Address, Patterson park ave

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form and certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 13th 1881
4. Place of Birth (Street and Number),	331 Scott St
5. Full Name of Mother,	Effie Galloway
6. Mother's Maiden Name,	Effie Fox
7. Mother's Birthplace,	Annapolis Md
8. Full Name of Father,	George Galloway
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	735 W. Lombard St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 14th. 87.
4. *Place of Birth, (Street and Number)*	1702 Patterson Ave.
5. *Full Name of Mother,*	Em. Alice Fiss
6. *Mother's Maiden Name,*	Em. Alice Frauenfiss
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	C. Frauenfiss
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	H. C. Olds. M. D.
Address,	Cor. Carroll Ave & Fayette St.
Remarks,	

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4th 1897

4. Place of Birth, (Street and Number) 111 S. Bond St

5. Full Name of Mother, Minnie Barnes

6. Mother's Maiden Name, Schaller

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Joseph Barnes

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M. J. Cole M.D.

Address, 111 S. Broadway

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 16 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 14 1887
4. Place of Birth (Street and Number),	No 2039 Hanover st
5. Full Name of Mother,	Betty Thomas
6. Mother's Maiden Name,	Betty Durham
7. Mother's Birthplace,	Baltimore city md
8. Full Name of Father,	John R. Thomas
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore city md
Name of Medical Attendant, or other person who makes this Return.	E. Hinton
Address,	No. 1616 ℔ charles st
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

BIRTH NAME ADDED 8-26-55

RETURN OF A BIRTH 99246

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Clara Eleanor Pearce

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 4. 1887.

4. Place of Birth, (Street and Number) 1008 Penna Ave

5. Full Name of Mother, Nellie Pearce

6. Mother's Maiden Name, Nellie Pearce

7. Mother's Birthplace, Balt Co Md

8. Full Name of Father, Dr. L. J. Pearce

9. Father's Occupation, Dentist

10. Father's Birthplace, Balt. Co Md

Name of Medical Attendant, or other Person who makes this Return A. Tinsley M.D.

Address, 2029 St Paul St

Remarks, City

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

and J. C. DILLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 December 1887
4. Place of Birth, (Street and Number) 1621 St. Joseph St Baltimore
5. Full Name of Mother, Ellen Maggie Eller
6. Mother's Maiden Name, Ellen Maggie Wilson
7. Mother's Birthplace, Boonsboro Md.
8. Full Name of Father, Conrad Eller
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Worden

Address, Cor of Greenmount Ave. & Eager St

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 99248

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 14th 1887

4. Place of Birth (Street and Number) 830 E. Pratt st

5. Full Name of Mother Rosa Osterling

6. Mother's Maiden Name Greiter

7. Mother's Birthplace Josefstadt, Bohemia, Austria

8. Full Name of Father Mattias Osterling

9. Father's Occupation Cabinet maker

10. Father's Birthplace Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Walter J. Dateling M.D. 5/10/20

Address 25 S. Eden st

Remarks

RETURN OF A BIRTH 99249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month. 2d shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such 1 erson or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	White Race.
3. Date of Birth,	Dec. 14th day. 1887.
4. Place of Birth (Street and Number),	1216 Johnson Street.
5. Full Name of Mother,	Mary Martin.
6. Mother's Maiden Name,	Mary Martin.
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	Walter F. Walton
9. Father's Occupation,	Brakeman.
10. Father's Birthplace,	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Conway.
Address,	
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex,* (state whether male or female) Girl
2. *Race or color,* (if not of the white race) White
3. *Date of Birth,* 14 Dec 07
4. *Place of Birth,* (Street and Number) 425 N Chapple St.
5. *Full Name of Mother,* Mary Stein
6. *Mother's Maiden Name,* Mary Stein
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Philip Stein
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Roesel

Address, 107 N Washington St

Remarks.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* [illegible] White
3. *Date of Birth,* 14 Dec 1887
4. *Place of Birth, (Street and Number)* ~~237~~ 237 Alc Eldery St
5. *Full Name of Mother,* Kate Fisher
6. *Mother's Maiden Name,* Kate Blofkamp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Fisher
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return. Mary Koftuet

Address, 509 K Washington

Remarks,

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & D.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White race.
3. *Date of Birth,*	March 14/88.
4. *Place of Birth, (Street and Number)*	No 1728 Patapsco St.
5. *Full Name of Mother,*	Emma S Buck.
6. *Mother's Maiden Name,*	Casey.
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Charles S Buck
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Prussia Ger.
Name of Medical Attendant, or other Person who makes this Return.	Annie Creed.
Address,	No 1714 Light St.
Remarks,	Yours Respectfully

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	14th December
4. *Place of Birth, (Street and Number)*	408 Albemarle st.
5. *Full Name of Mother,*	Daisy Harrison
6. *Mother's Maiden Name,*	Grenner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward J. Harrison
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 C Aisquith st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child

1. Sex, (state whether male or female) Female Sex

2. Race or Color, (if not of the white race) Race Colored

3. Date of Birth, Wenesday Morning Dec 14 1887

4. Place of Birth, (Street and Number) China Street No. 821.

5. Full Name of Mother Sarah E. Ringgold

6. Mother's Maiden Name, Sarah Brown

7. Mother's Birthplace, Kentland.

8. Full Name of Father, Samuel R. Ringgold Sarah E. Ringgold

9. Father's Occupation, Brick Yard Brick Maker

10. Father's Birthplace. Kentland

Name of Medical Attendant, or other Person who makes this Return Sarah Ann Brown

Address, No [redacted] No 827 China

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 90255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 17 Dec 1897
4. *Place of Birth, (Street and Number)* 11 S Chapel st
5. *Full Name of Mother,* Barbara Graves
6. *Mother's Maiden Name,* Barbara Graves
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Graves
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koplish

Address, 509 A Washington st

Remarks,

1898 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 14 Dec 1887
4. *Place of Birth, (Street and Number)* 1031 E Durham St
5. *Full Name of Mother,* Kate Fremy
6. *Mother's Maiden Name,* Kate Fremy
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Fremy
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopsch

Address, 509 N Washington St

Remarks,

Every birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex, (State whether male or female)	Male.
2. Race or color, (if not of the white race)	
3. Date of Birth,	Dec 14 — 1887.
4. Place of Birth, (Street and Number)	725 Ramsay st.
5. Full Name of Mother,	Anna Schleich.
6. Mother's Maiden Name	Reichert.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Henry Schleich.
9. Father's Occupation,	Shoemaker.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohmaier. Midwife.
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth. And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule must contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Sep Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 14 Dec 1887.
4. *Place of Birth (Street and Number),* No 1325 East Eager St
5. *Full Name of Mother,* Maggie Gutberlet
6. *Mother's Maiden Name,* Maggie Walsh
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Gutberlet
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Jno C Lauer

Address, No 1059 Harford Ave

Remarks, Bal City

1887

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 17th 87
4. *Place of Birth, (Street and Number)*	No. 2030. Gedmans St.
5. *Full Name of Mother,*	Mary Thomas
6. *Mother's Maiden Name,*	" Eckard
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	George Thomas
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Evans
Address,	No. 1714. Light St.
Remarks,	

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 14 — 1887.
4. *Place of Birth, (Street and Number)*	1918 Sharp st.
5. *Full Name of Mother,*	Ida Tiefenbach.
6. *Mother's Maiden Name,*	Kolelki
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adam Tiefenbach.
9. *Father's Occupation,*	Tailor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THE J. J. GUARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 9926.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth* Wednesday 3 PM [redacted] Dec 14th 1887
5. *Place of Birth, (Street and Number)* 2640 Hudson St
6. *Full Name of Mother* Elija Shaw
7. *Mother's Maiden Name* Shmitel
8. *Mother's Birthplace* Baltimore City
9. *Full Name of Father* Geo Shaw
10. *Father's Occupation* Laborer
11. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. G. Pritchard MD

Address 2830 O Donnell St

Remarks 48 hours in labor delivered with Instrument

Both are now doing well

RETURN OF A BIRTH 99262

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 10-th
4. *Place of Birth, (Street and Number)* 112 Dolphin St
5. *Full Name of Mother,* Margie McCormack
6. *Mother's Maiden Name,* Baker
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* J. McCormack
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

The Physician or Midwife in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. D. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

99263

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
State whether Male or Female)	male
or Color (if not of the white race)	colored
of Birth	December 15 th
of Birth (Street and Number)	512 West St
Name of Mother	Pariett Linn
r's Maiden Name	Pariett Ross
r's Birthplace	Baltimore
Name of Father	Reuben Linn
r's Occupation	Laborer
r's Birthplace	Baltimore
of Medical Attendant, or other Person who makes this return	Mary M. Boulden
ess	202 Stockton St.
rks	

W. A. CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99264.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 8 Dec 87
4. *Place of Birth, (Street and Number)* 1078 Bond st
5. *Full Name of Mother,* Tracie Barack
6. *Mother's Maiden Name* Tracie Yelenick
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Matthew Barack
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitist

Address, 509 N Gaddington St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or female) Male 99265.
2. Race or Color, (if not of the white race) White
3. Date of Birth. December 18th 1867
4. Place of Birth, (Street and Number) 1236 Jackson Street
5. Full Name of Mother, Augusta Overbeck
6. Mother's Maiden Name, Augusta Reisenbach
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William F. Overbeck
9. Father's Occupation, Upper Tiles
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Dr. James E. Whiteford, 819 ARGYLE STREET, BALTIMORE, MD.

Address.

Remarks.

Sec. 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ISEY & ... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th.
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Dec. 15, 1887
4. Place of Birth (Street and Number),	411 Chesapeake St.
5. Full Name of Mother,	Ellen Johnson
6. Mother's Maiden Name,	Ellen Jones
7. Mother's Birthplace,	England
8. Full Name of Father,	William Johnson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sawyer
Address,	726 Luzerne St.
Remarks,	

The Register shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishers and Stationers.

RETURN OF A BIRTH 99267.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) "Second."

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 15th 1857.

4. Place of Birth, (Street and Number) No 514. East Eager St. "Balto Md."

5. Full Name of Mother, Mrs Elizabeth Rupfert

6. Mother's Maiden Name, " Clark

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Wm Rupfert

9. Father's Occupation, Oyster Packer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. D. Worden

Address, 936 Greenmount Ave

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child [illegible] any, shall have been conferred,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99268.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. Sex (state whether male or female),	Girl.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	15th of December 1857
4. Place of Birth (Street and Number),	1008 North Chester street.
5. Full Name of Mother,	Mary Gagner.
6. Mother's Maiden Name,	Mary Schrandner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Lenhart Schrandner
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99269.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec. 15th 1887.
4. Place of Birth (Street and Number), #806 Addison St
5. Full Name of Mother, Mary M.c Keown
6. Mother's Maiden Name, " M.c Keown
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Felix M.c Keown
9. Father's Occupation, Labourer.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Mrs. Bernard Gallagher

Address, #1038 E. Monument St

Remarks, Died 1/2 hr. after Birth

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99270.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 21 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 11, 1887
4. *Place of Birth, (Street and Number)*	230 Eden St
5. *Full Name of Mother,*	Sr Eliza Ann Todd
6. *Mother's Maiden Name,*	Eliza Ann Thomas
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	William Todd
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Mifford
Address,	732 Regester St
Remarks,	

Every Physician or Midwife who shall have been employed in any case of birth, shall have been employed in any case of birth, shall ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99271.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 2. 1887
4. *Place of Birth, (Street and Number)*	1227 N. Gay st.
5. *Full Name of Mother,*	Mary Eliz'th. Kepple
6. *Mother's Maiden Name,*	" " Howard
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Wm. P. Kepple
9. *Father's Occupation,*	Locksmith & Bell-hanger
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Caroline st.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99272.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	7 of December
4. Place of Birth (Street and Number),	2264 Pennsylvania ave
5. Full Name of Mother,	Susanna Ritter
6. Mother's Maiden Name,	Susanna Metzger
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Ritter
9. Father's Occupation,	Shoe Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Dale Sadler
Address,	No 415 Mar St
Remarks,	

And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occasions the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 8th - 1887 ~~Dec~~
4. *Place of Birth, (Street and Number)* 1209 - Division at Bar
5. *Full Name of Mother,* Mary C. Phelan
6. *Mother's Maiden Name,* " " Carey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John M. Phelan
9. *Father's Occupation,* Stenographer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lizzie Baldwin

Address, 639 Dolphin St.

Remarks,

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and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons present at said birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99274.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec. 9 1897.
4. *Place of Birth, (Street and Number)* 927 N. Carlton St.
5. *Full Name of Mother,* Mary E. Kershaw.
6. *Mother's Maiden Name,* Walter.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father,* Henry T. Kershaw.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. John W. White, M.D.

Address, 1039 N. Broadway.

Remarks,

Every Physician, Midwife or other person having charge of any case of birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been considered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Wm. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99295.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 11. 1887
4. *Place of Birth, (Street and Number)*	1069 N. Gay St.
5. *Full Name of Mother,*	Caroline Keppler
6. *Mother's Maiden Name,*	" Beyer
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Edward Keppler
9. *Father's Occupation,*	Tobacconist
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Gu. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, its date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9926.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 11. 1887
4. *Place of Birth, (Street and Number)*	1165 Conway St.
5. *Full Name of Mother,*	Carrie Kuppersmith
6. *Mother's Maiden Name,*	" Epple
7. *Mother's Birthplace,*	Courtenberg
8. *Full Name of Father,*	Fred. Kuppersmith
9. *Father's Occupation,*	~~Hanover~~ Piano Carver
10. *Father's Birthplace,*	Hanover, Germany
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99177.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	the 12th 1887
4. Place of Birth (Street and Number),	220 Park Ave
5. Full Name of Mother,	Zipporah Davis
6. Mother's Maiden Name,	Jane
7. Mother's Birthplace,	Matthews County Virginia
8. Full Name of Father,	George Harris Davis
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Knowles
Address,	129 E Pratt St
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99278.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 12 of December
4. *Place of Birth (Street and Number),* 199 Lurgan st
5. *Full Name of Mother,* Fannie Kreck
6. *Mother's Maiden Name,* Fannie Bilnes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Kreck
9. *Father's Occupation,* Tailor
10. *Name of Medical Attendant,* or other person who makes this Return. Mrs Jos Sadler

Address, No 415 Hanover st

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

99219.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child.

1. Sex, (state whether male or female) Male. White.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec. 14th 1887.
4. Place of Birth, (Street and Number) 14 3/4 N. Eden St.
5. Full Name of Mother, Minnie Stalling.
6. Mother's Maiden Name, " Reinhart.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John E. Stalling.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. John G. White. M.D.

Address, 1035 N. Broadway.

Remarks,

...ed under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars ...covered as other fines and forfeitures are recoverable.

...m Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99280.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the side of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 15th
4. *Place of Birth, (Street and Number)*	513 Mulberry th
5. *Full Name of Mother,*	Leanna Fuller
6. *Mother's Maiden Name,*	Leanna Deaves
7. *Mother's Birthplace,*	Howard Co Md
8. *Full Name of Father,*	L O Fuller
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Fred Md
Address,	1123 Aisquith
Remarks,	Instrumental Delivery

J. D. ULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99281.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, Dec 16

4. Place of Birth, (Street and Number) Retreat no number

5. Full Name of Mother, Emma Green

6. Mother's Maiden Name, Emma Burke

7. Mother's Birthplace, Germany

8. Full Name of Father, Franklin Green

9. Father's Occupation, Day Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. L. E. Elder M. D.

Address, 1320 N. Eutaw

Remarks,

RETURN OF A BIRTH 99282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 16th 1887
4. *Place of Birth, (Street and Number)*	202 Pearl St
5. *Full Name of Mother,*	Sarah Morris Borgers
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	David Morris
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E W Evans M.D
Address,	1015 E Balto St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mathilda Marie ~~Sommerwerk~~ 4th 9928.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec - 16 - 87
4. Place of Birth, (Street and Number) 716 S Bdway
5. Full Name of Mother, Mary Sommerwerk
6. Mother's Maiden Name, Mary Binding
7. Mother's Birthplace, Balto.
8. Full Name of Father, Rudolph Sommerwerk
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Louis C. Bruce M.D.

Address, 1711 Bank St

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each next succeeding month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99284.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Dec. 16. 1887
4. Place of Birth, (Street and Number)	1120 E. Monument St.
5. Full Name of Mother,	Kate Scott Sutherland
6. Mother's Maiden Name,	" " Armacost
7. Mother's Birthplace,	Balto. Co. Md.
8. Full Name of Father,	David Cameron Sutherland
9. Father's Occupation,	Dentist
10. Father's Birthplace,	Richmond Va.
Name of Medical Attendant, or other person who makes this Return.	Geo. H. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...J. B. BALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 99288.

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 December
4. Place of Birth, (Street and Number) 1413 E Eager Street
5. Full Name of Mother, Ella Schaefer
6. Mother's Maiden Name, Holbrook
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, William Schaefer
9. Father's Occupation, policeman
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Emma Walter

Address, 1214 E. Eager Street

Remarks,

RETURN OF A BIRTH 99286.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White Race
3. Date of Birth,	Born December 16 1887
4. Place of Birth (Street and Number),	No 316 Fargow st
5. Full Name of Mother,	Mrs ~~W~~ Wittman
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Mr John Willman
9. Father's Occupation,	Spiner
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, within ten days next after the birth of each and every such child to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 99287.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 16th Dec. 1887
4. *Place of Birth, (Street and Number)* 1321- Hayworth St-
5. *Full Name of Mother* Martha Virginia Johnson
6. *Mother's Maiden Name* " " Stover
7. *Mother's Birthplace* Carroll Co Md
8. *Full Name of Father* Frank. Johnson
9. *Father's Occupation* Dealer in Lumber
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. G R Baeler M D

Address 4 11. W. Saratoga St City

Remarks None

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 99288.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 16 — 1887.
4. *Place of Birth, (Street and Number)*	1447 Ostend st.
5. *Full Name of Mother,*	Minnie Feder.
6. *Mother's Maiden Name,*	Meister.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Henry Feder
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife
Address,	1032 Hanover st.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, December 16th 1887
4. Place of Birth, (Street and Number) No. 1203 Hanover st
5. Full Name of Mother, Ida Jackson
6. Mother's Maiden Name, Ida Brooks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Jackson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Flannery

Address, No. 1517 Byrd st

Remarks,

...name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should he or she be in attendance upon the mother he shall hereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as above required within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99190.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Sictun
1. *Sex,* (*State whether male or female*)	Male
2. *Race or color,* (*if not of the white race*)	Colid
3. *Date of Birth,*	16 Day of October
4. *Place of Birth,* (*Street and Number*)	Lemon Alley 1102
5. *Full Name of Mother,*	Florence Virginia Johnson
6. *Mother's Maiden Name,*	Florence Virginia Thompson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richard Johnson
9. *Father's Occupation,*	Teaber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dichester Cook
Address,	108 Hills Alley
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99291.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 16th 1897.
4. Place of Birth, (Street and Number)	1182 Bowhand Pl.
5. Full Name of Mother,	Annie Browning
6. Mother's Maiden Name,	Annie Porta.
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Wm. J. Browning
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	J. C. Ohle. M. D.
Address,	Cor Carroll Ave & Fayette St.
Remarks,	

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should neither person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 17th December
4. *Place of Birth, (Street and Number)* 216 Washington st.
5. *Full Name of Mother,* Anna Lynn
6. *Mother's Maiden Name,* Rau
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Lynn
9. *Father's Occupation,* Valuator
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Isaiah Casper

Address, 1016 E. Monument st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., 217 PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9929 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec. 17. 1887
4. Place of Birth (Street and Number),	1616 E. Preston st.
5. Full Name of Mother,	Eliza J. Orem
6. Mother's Maiden Name,	" " Boland
7. Mother's Birthplace,	Chester Co. Penn'a
8. Full Name of Father,	William J. Orem
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Caroline st.
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 99774.

1. Sex, (State whether male or female) Femal
2. Race or color, (if not of the white race) Colod
3. Date of Birth, Dec 17th 1887
4. Place of Birth, (Street and Number) 521 Charles St.
5. Full Name of Mother, Ida Diggs
6. Mother's Maiden Name,
7. Mother's Birthplace, Fredrick County
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs Jane D. Easton

Address, 710 Hamilton St

Remarks, City

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten nor [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99195.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4

1. *Sex,* (*state whether male or female*) Male
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* 17 Dec 07
4. *Place of Birth,* (*Street and Number*) 221 Castle St
5. *Full Name of Mother,* Mary Lorenz
6. *Mother's Maiden Name,* Mary Lorenz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Lorenz
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Kofflat

Address, 205 N Broadway St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimere City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Boheme 1 Dec 1881
4. *Place of Birth, (Street and Number)* 2302 Jefferson st
5. *Full Name of Mother,* Kate Klingstian
6. *Mother's Maiden Name,* Kate Welch
7. *Mother's Birthplace,* Boheme
8. *Full Name of Father,* Charles Klingstein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Boheme

Name of Medical Attendant, or other person who makes this Return. Mary Koptick

Address, 205 S Washington st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99297.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 17 Dec 1897
4. *Place of Birth, (Street and Number)* 1111 N Wolfe st
5. *Full Name of Mother,* Mary Frankl
6. *Mother's Maiden Name,* Mary Frankl
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolf Frankl
9. *Father's Occupation,* Agent
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Roplish

Address, 5071 Washington st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99298.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 17 Dec 1857
4. *Place of Birth, (Street and Number)* 421 Medeira alley
5. *Full Name of Mother,* Anna Swinck
6. *Mother's Maiden Name,* Anna Swinck
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Swinck
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return Mary Kostek

Address, 505 Washington St

Remarks,

month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99299.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 17 Dec 1887
4. *Place of Birth, (Street and Number)* 1027 N Eutaw st
5. *Full Name of Mother,* Mary Nengel
6. *Mother's Maiden Name,* Mary Huth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Nengel
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 507 N Washington st

Remarks,

The Registrar shall enter in a book to be kept for that purpose a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 99300.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 21 1887
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 17 1887
4. Place of Birth, (Street and Number) 106 N. Eutaw
5. Full Name of Mother, Leaemie Leori
6. Mother's Maiden Name, Leannie Putzel
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Isaac Leori.
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. C Barnard M D

Address,

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

99301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 17 December
4. *Place of Birth, (Street and Number)* Baltimore N Eutaw St 914
5. *Full Name of Mother,* Emma B Jones
6. *Mother's Maiden Name,* Emma Jane Boyd
7. *Mother's Birthplace,* Bel air Harford Co Md
8. *Full Name of Father,* Fred Jones
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Eutaw Creek Md

Name of Medical Attendant, or other Person who makes this Return. Miss Mary Jane Forsythe

Address, #546 W Biddle St

Remarks, ...

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RETURN OF A BIRTH 99302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Saturday Dec 17th 1881
4. *Place of Birth, (Street and Number)*	553 Moore Alley
5. *Full Name of Mother,*	Lizzie Kelly
6. *Mother's Maiden Name,*	Lizzie Kelly
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Antony Allen
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return,	Mrs Charlotta
Address,	553 Moore alley
Remarks,	

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec. 17th 1887
4. Place of Birth (Street and Number),	1426 Lafayette Ave
5. Full Name of Mother,	Sallie Foster
6. Mother's Maiden Name,	Wardell
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	Theodore Foster
9. Father's Occupation,	Police Sergeant
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	J. H. Christian M.D.
Address,	1821 Madison Ave.
Remarks,	

The name of the child is to be the same as that given at the baptism, and if not baptized, the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99304

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~) .....

1. Sex, (~~state whether male or~~ female) .....
2. Race or Color, (~~if not of the white race~~) .....
3. Date of Birth, Dec, 17th 1887
4. Place of Birth, (Street and Number) 1805 2alt Lombard St
5. Full Name of Mother, Jennie McComas
6. Mother's Maiden Name, a Day
7. Mother's Birthplace, Va
8. Full Name of Father Wm Albert Mc Comas
9. Father's Occupation, Carpenter
10. Father's Birthplace, Md,

Name of Medical Attendant, or other Person who makes this Return Joseph Sherkenski

Address, 1102 E Balto St

Remarks, ...

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

99305.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec-17-07
4. *Place of Birth, (Street and Number)* Maternity Hospt Baltimore
5. *Full Name of Mother,* Maggie Brown
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Not given
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. Frank C. Bowles M.D.

Address, 1711 Bank St

Remarks, This child was an illegitimate one & Father not obtainable

...ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William M. McComas

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First 99306.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth December 6, 1887.
4. Place of Birth, (Street and Number) No. 1536 Eighth Street.
5. Full Name of Mother, Florence McComas.
6. Mother's Maiden Name, Florence Taylor.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Henry McComas.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Eug. R. Elwell, M. D.,

Address, 1741 Hanford ave

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, by the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99307.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) Colored.
3. Date of Birth, December 7, 1887.
4. Place of Birth, (Street and Number) No. 1723 Hope street.
5. Full Name of Mother, Annie Hamer.
6. Mother's Maiden Name, Annie Jones.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, Joseph C. Hamer.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. Reg. A. Elwell M.D.,

Address, 1741 Harford ave

Remarks,

Been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the ... schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* December 8, 1887.
4. *Place of Birth, (Street and Number)* No. 110 Harford road. (Balto Co.)
5. *Full Name of Mother,* Annie Schmelz.
6. *Mother's Maiden Name,* Lizzie Whitfield.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Henry Schmelz.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant. or other person who makes this Return. Aug. R. Elwell, M.D.,

Address, 1241 Harford ave.

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DUNANT & CO., CITY PRINTERS AND STATIONERS.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

99309.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 10th 1897
4. *Place of Birth, (Street and Number)* 2316 Penn Ave.
5. *Full Name of Mother,* Mary E. Leonhardt.
6. *Mother's Maiden Name,* " " Leech
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Jacob Leonhardt
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Norman F Hill

Address, 22 N. Eutaw St.

Remarks,

RETURN OF A BIRTH.

9-9310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 17 of Dec
4. *Place of Birth (Street and Number)* 623 Carlton St
5. *Full Name of Mother* Rosia Scott
6. *Mother's Maiden Name* Rosia Sedgewick
7. *Mother's Birthplace* Prince George Co Md
8. *Full Name of Father* Archibald Scott
9. *Father's Occupation* gonetes
10. *Father's Birthplace* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this return Margret Galebery

Address 623 Carlton St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. Sex. M No. of Child of Mother 2
2. Race or Color, White
3. Date, Dec 17
4. Place of Birth, 204 Parkin St
5. Full Name of Mother, Anna Durkin
6. Mother's Maiden Name, Anna Curran
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Durkin
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
Mrs M. Horigan
412 Dock St

JRN OF A BIRTH 29311.

rar of Vital Statistics, Board of Health, Baltimore City.

ohether 1st, 2d, 3d, &c.) 2

female) Male

e white race) White

Dec 17 - 87

l Number) 204 Parkin St

Anna Durkin

Curran

Balto

John Durkin

Laborer

Balto

t, or other person who makes this Return. M Horigan 412 Dock St

J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

99317.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Fourth (4th)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 17th 1887

4. Place of Birth, (Street and Number) No. 608 N. Caroline Street

5. Full Name of Mother, Mrs. Margaret Elizabeth Carback

6. Mother's Maiden Name, Miss Margaret E. Capito

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Mr. George Robert Carback

9. Father's Occupation, Wagoner

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Glendinning, M.D.

Address, No. 418 N. Broadway

Remarks,

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 79313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10. D.
1. Sex (state whether male or female),	male.
2. Race or Color (if not of the white race),	white.
3. Date of Birth,	17 13. December.
4. Place of Birth (Street and Number),	913 Williamien. St.
5. Full Name of Mother,	Marie Schreivogel
6. Mother's Maiden Name,	Marie Meisel.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Wilhelm Schreivogel.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Augusto Berien.
Address,	927 South Schurz St.
Remarks,	

The name to be given as far as the same can be ascertained the full name of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 21st and 23rd day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth* 18 Dec 1897
4. *Place of Birth, (Street and Number)* 24 N Chapel st
5. *Full Name of Mother,* Francis Skirvon
6. *Mother's Maiden Name,* Francis Vodak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Anton Skirvon
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopsick

Address, 205 N Washington st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the state and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons in any such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULGER & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99315

GIVEN NAME ADDED 1-31-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katharine Pearce Gaunt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), —

3. Date of Birth, Dec. 8. 1887

4. Place of Birth (Street and Number), 1117 1/2 Aisquith St

5. Full Name of Mother, Henrietta Wm. Pauley Gaunt

6. Mother's Maiden Name, Henrietta Wm. Pauley

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, William Taylor Gaunt

9. Father's Occupation, Policeman

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return. W. A. Fuchs M.D.

Address, 2500 E. Balt. St.

Remarks,

The name as given as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 21 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	December 18
4. *Place of Birth, (Street and Number)*	38 West street
5. *Full Name of Mother,*	Mary E Baker
6. *Mother's Maiden Name,*	Mary E Matthewese
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Samuel T Baker
9. *Father's Occupation,*	Water Waiter
10. *Father's Birthplace,*	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	Mary Mahle
Address,	142 York street
Remarks,	

...Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said notice shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 18 Dec 1887
4. *Place of Birth, (Street and Number)* 1803 Monument ave
5. *Full Name of Mother,* Marie Stanek
6. *Mother's Maiden Name,* Mary Karban
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Stanek
9. *Father's Occupation,* Stonemason
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Wm J Koffel

Address, 225 N Washington st

Remarks,

URN OF A BIRTH 99318

trar of Vital Statistics, Board of Health, Baltimore City.

. Sex. M No. of Child of Mother. 1

. Race or Color, W

. Date, 18th Dec

. Place of Birth, 632 Scott St

. Full Name of Mother, Kate Deems

. Mother's Maiden Name, Gorig

. Mother's Birthplace, Baltimore

. Full Name of Father, Charles Deems

. Father's Occupation, Laborer

o Father's Birthplace, Baltimore

Mrs M Horrigan

412 Scott St

whether 1st, 2d, 3d, &c.)

female)

e white race)

Number)

el, or other person who makes this Return.

Male

White

~~632 Scott St~~ Dec 18 - 86

632 Scott St

Kate Deems

Gorig

Balto

Chas Deems

~~Balto~~ Balto

Laborer

M Horrigan

412 Scott St

J. C. BRUNE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 18th 1897
4. *Place of Birth, (Street and Number)*	1706 E. Monument St.
5. *Full Name of Mother,*	M. A. Goodman
6. *Mother's Maiden Name,*	Gordon
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	M. B. Goodman
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address,	173 N. Caroline St.
Remarks,	

Name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED DEPARTMENT OF HEALTH DEC 21 1917 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 18/1917
4. *Place of Birth, (Street and Number)* 609 Spring St
5. *Full Name of Mother,* Lucy Johns
6. *Mother's Maiden Name,* Lucy Banks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Johns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Watford

Address, 732 Keyser St

Remarks,

ascertained the full name of each child born, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1st 18th Dec 1887
4. Place of Birth (Street and Number),	No 876 Mc Henry
5. Full Name of Mother,	Mary Carter
6. Mother's Maiden Name,	Mary Sullivan
7. Mother's Birthplace,	England
8. Full Name of Father,	James Carter
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch Lawson
Address,	No 1059 Harford Ave
Remarks,	Bal Md 1887

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex (~~state whether~~ male ~~or female~~),*
2. *Race or Color (~~if not of the~~ white race),*
3. *Date of Birth,* Dec 18th 1871.
4. *Place of Birth (Street and Number),* 587 W Saratoga St
5. *Full Name of Mother,* Rebecca A Kittel
6. *Mother's Maiden Name,* Rebecca A Hellegen
7. *Mother's Birthplace,* Baltimore City Md.
8. *Full Name of Father,* Joseph Kittel
9. *Father's Occupation,* Carpet Weaver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Jno. L. K. Strozer M.D.

Address, 662 W Lexington St

Remarks,

The name of the child is to be the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Dec 19/87
4. Place of Birth, (Street and Number) 1528 E. Pratt Str.
5. Full Name of Mother, Sarah Magolevsky
6. Mother's Maiden Name, " Schwartz
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Magolevsky
9. Father's Occupation, Cap Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. Kaplan

Address, 107 Broad Alley

Remarks,

[illegible] its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should the [illegible] person [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the [illegible] of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 19 1907
4. *Place of Birth, (Street and Number)* 2130 Linden
5. *Full Name of Mother,* Margaret Crane
6. *Mother's Maiden Name,* Whalen
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wm. Crane
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. E. Richards

Address, 855 N. Linden Ave

Remarks,

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list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 19th 1881
4. *Place of Birth, (Street and Number)*	No 2218 Ellington Ave.
5. *Full Name of Mother,*	Mary Glass
6. *Mother's Maiden Name,*	" Brendan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Adolph Glass
9. *Father's Occupation,*	Engineer + Mach
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	Called in Doctor Matthews

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Dec 19th
4. *Place of Birth, (Street and Number)*	1172 Washington Ave
5. *Full Name of Mother.*	Irene Montgomery
6. *Mother's Maiden Name,*	" Godley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Montgomery
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary Finnegan
Address,	No 412 Heath St
Remarks,	

... & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec. 19th 1889
4. Place of Birth (Street and Number),	1004 Hanover St.
5. Full Name of Mother,	Mrs. Harriet Logue
6. Mother's Maiden Name,	Brown
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Logue
9. Father's Occupation,	Paper Hanger
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Jno. Brooke Boyle
Address,	1001 W. Baltimore St
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 99328

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 19th 1887
4. Place of Birth (Street and Number)	415 Myrtle Ave
5. Full Name of Mother	Minnie Cook
6. Mother's Maiden Name	Hammond
7. Mother's Birthplace	Baltimore — Md
8. Full Name of Father	Geo. J. Cook
9. Father's Occupation	Whip & umbrella maker
10. Father's Birthplace	Balto — Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J. Bell Steele M.D.
Address	212 Madison St
Remarks	

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 99329

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

John Hambleton and Douglass twins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & 4 —

1. Sex (state whether Male or Female) Male & Male

2. Race or Color (if not of the white race)

3. Date of Birth Dec. 29th 1887

4. Place of Birth (Street and Number) 1011 North Charles St —

5. Full Name of Mother Bessie Ober —

6. Mother's Maiden Name Hambleton Baltimore —

7. Mother's Birthplace

8. Full Name of Father Emanuel Ober

9. Father's Occupation Banker

10. Father's Birthplace Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Robt D Powell M.D

Address 212 Madison St

Remarks

...duce at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 99330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (State whether male or female)*	Little Boy
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth,*	Born 20th December 1897
4. *Place of Birth, (Street and Number)*	No 1815 Dover st
5. *Full Name of Mother,*	Mrs Annie Muenzing
6. *Mother's Maiden Name,*	Miss Annie Zell
7. *Mother's Birthplace,*	Born Baltimore
8. *Full Name of Father,*	Mr John Muenzing
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. I. GALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Thomas Edwards

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, December 7th 1881
4. Place of Birth, (Street and Number) Hanover St No 21
5. Full Name of Mother, Blanche Edwards
6. Mother's Maiden Name, Blanche Jowey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Manuels Edwardes
9. Father's Occupation, engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr A Cook

Address, Heath St No 213

Remarks, Doing well

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec. 5 1887
4. Place of Birth (Street and Number),	805 Ledenhall st
5. Full Name of Mother,	Annie Tucker
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Talbot County Md
8. Full Name of Father,	Samuel Tucker
9. Father's Occupation,	Stevidore
10. Father's Birthplace,	Annarundell Co Md
Name of Medical Attendant, or other person who makes this Return.	Angie Wilson
Address,	1092 N. Howard St
Remarks,	

All blanks not filled as far as the same can be ascertained the full name of each child, (if any shall have been born during the month, and not set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Monday Dec. 5th 1887
4. *Place of Birth, (Street and Number)*	1717 E. Eager St.
5. *Full Name of Mother,*	May E. Sullivan
6. *Mother's Maiden Name,*	May E. Bennett
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles L. Sullivan
9. *Father's Occupation,*	~~Engineer~~ Employe of B & O. R.R. Co.
10. *Father's Birthplace,*	Chicago Ill.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chas St. & Fairmont Place
Remarks,	

...ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colrd
3. Date of Birth,	Decm 6th 1887
4. Place of Birth (Street and Number),	10 Ohio Avenue
5. Full Name of Mother,	Annie Chaney
6. Mother's Maiden Name,	Annie Johnson
7. Mother's Birthplace,	Annarundel Co Md
8. Full Name of Father,	Horace Chaney
9. Father's Occupation,	oyster shucker
10. Father's Birthplace,	St Marys Co Md
Name of Medical Attendant, or other person who makes this Return.	Angelina Wilson
Address,	1092 N. Howard St
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Dec 23 rd 1897
4. *Place of Birth, (Street and Number)* 1229 E. ~~Pratt~~ Block
5. *Full Name of Mother,* Sarah E. O'Brien
6. *Mother's Maiden Name,* " " O'Boyle
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Patrick O. Brien
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. D. L. Mitchell

Address, 226 S. Bdy

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Colrd
3. Date of Birth,	Decm 6th 1887
4. Place of Birth (Street and Number),	Williams st no 8
5. Full Name of Mother,	Laura Barney
6. Mother's Maiden Name,	Laura Morriston
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Barney
9. Father's Occupation,	Steridore
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	102 N. Howard st
Remarks,	

And shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co. of Md. Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99337

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sunday Dec. 11th. 1887.
4. Place of Birth, (Street and Number)	908 Mc. Donough St.
5. Full Name of Mother,	Mary E. Haller
6. Mother's Maiden Name,	Mary E. Schmuck
7. Mother's Birthplace,	Balt. Md.
8. Full Name of Father,	Grant Haller,
9. Father's Occupation,	Telegraph Operator,
10. Father's Birthplace,	Frederick Md.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton. Md
Address,	Chas St. & Fremont Place,
Remarks,	

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to the recovered as other fines and forfeitures are recoverable

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	December 20th
1. Sex, (State whether male or female)	male child.
2. Race or color, (if not of the white race)	white.
3. Date of Birth,	December 14th
4. Place of Birth, (Street and Number)	Poppleton St. 38.
5. Full Name of Mother,	Mrs. Melville.
6. Mother's Maiden Name,	Ellen Shaffery
7. Mother's Birthplace,	County Galway Ireland.
8. Full Name of Father,	Mr. Frank Melville.
9. Father's Occupation,	keeps a saloon
10. Father's Birthplace	County Galway Ireland.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hunter
Address,	23 N Poppleton St
Remarks,	

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, and color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 99339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 7th 1899
4. Place of Birth (Street and Number),	812 Ward St
5. Full Name of Mother,	Emma Rundal
6. Mother's Maiden Name,	" Davis
7. Mother's Birthplace,	Penna
8. Full Name of Father,	Jas D Rundal
9. Father's Occupation,	Letter Carrier
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Theodore Eckhardt M.D.
Address,	518 Warren Ave
Remarks,	

ferral), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	2 Female
2. Race or Color (if not of the white race),	Colrd
3. Date of Birth,	Decm 18th
4. Place of Birth (Street and Number),	1010 Hamburg st
5. Full Name of Mother,	Lizzie Livers
6. Mother's Maiden Name,	Lizzie ——
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Frank Livers
9. Father's Occupation,	Oysterchucker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Angie Wilson
Address,	1092 E. Howard st
Remarks,	

the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 990,41

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 18th 1889
4. *Place of Birth (Street and Number),* 1404 Light St
5. *Full Name of Mother,* Olivia McCullen
6. *Mother's Maiden Name,* " " Quarling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jas A Cullen
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooper M.D.

Address, 518 Monument

Remarks,

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Mulatto
3. Date of Birth,	Dec 19th 1885
4. Place of Birth (Street and Number),	123 E Randall St
5. Full Name of Mother,	Emma L Gaines
6. Mother's Maiden Name,	" " Hall
7. Mother's Birthplace,	Va
8. Full Name of Father,	Wm H Gaines
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thaddeus Cooke M.D.
Address,	518 Hanover
Remarks,	

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 99343

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 19th Dec 1881

4. Place of Birth, (Street and Number) 109 E. Barre

5. Full Name of Mother, Rebecca Kaplan

6. Mother's Maiden Name, " Heckman

7. Mother's Birthplace, Germany

8. Full Name of Father, Isaac Kaplan

9. Father's Occupation, merchan

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return A W Mitchell

Address,

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Schroeffner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 20th 1897
4. Place of Birth, (Street and Number) 1813 N. Caroline St
5. Full Name of Mother, Lizzie Schroeffner
6. Mother's Maiden Name, Lizzie Smith
7. Mother's Birthplace, Baltimore City Maryland
8. Full Name of Father, Henry W. Schroeffner
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. E. R. Riley MD

Address, 605 N. Loudon St

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH 99345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* December th 17
4. *Place of Birth, (Street and Number)* Williamson St No 80
5. *Full Name of Mother,* Mary Calvert
6. *Mother's Maiden Name.* Mary Shaffer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Calvert
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mr D Casky

Address, No 213 heath St

Remarks, Dairy well

... J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 20th 1887
4. Place of Birth (Street and Number),	Howard St
5. Full Name of Mother,	Laura Lawrance
6. Mother's Maiden Name,	Laura Golden
7. Mother's Birthplace,	Annarundal Co, Md
8. Full Name of Father,	Alfred Lawrance
9. Father's Occupation,	Driver
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	1092 E Howard St
Remarks,	

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 99347

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 20th 87
4. Place of Birth, (Street and Number) 919 Fulton Ave
5. Full Name of Mother, Annie F. Thomas
6. Mother's Maiden Name, Annie F Rau
7. Mother's Birthplace, Md
8. Full Name of Father, Chas E. Thomas
9. Father's Occupation, Surgeon
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return J M. Hundley

Address, 1002 Edmondson Ave

Remarks,

GUT & CO., CITY PRINTERS AND STATIONERS.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 99348

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 20th
4. *Place of Birth, (Street and Number)* N. E. cor Balto & Carrollton Av.
5. *Full Name of Mother,* Florence E. Lambden.
6. *Mother's Maiden Name,* " " Rinaldi
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Chas. E. Lambden.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* B. C

Name of Medical Attendant, or other Person who makes this Return. Truman F. Hill M.D.

Address, 22. N. Calhoun St.

Remarks,

RETURN OF A BIRTH 99349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bal'o Dec 12. 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Bal'o Dec 20. 1887.
4. *Place of Birth (Street and Number),* 229 Durham St.
5. *Full Name of Mother,* Barbara Kopkiewicz.
6. *Mother's Maiden Name,* Barbara Gilman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Kopkiewicz.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Lucy Howard

Address, 410 N. Wolfe St.

Remarks, Ch

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the [illegible] attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 20 Dec 1897
4. *Place of Birth, (Street and Number)* 509 Druan alley
5. *Full Name of Mother,* Mary Stransky
6. *Mother's Maiden Name,* Mary Matejka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Stransky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kostisch

Address, 509 N Washington

Remarks,

RETURN OF A BIRTH 99357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	December 20th 1857
4. *Place of Birth, (Street and Number)*	438 Conway Street
5. *Full Name of Mother,*	Martha Wirk
6. *Mother's Maiden Name,*	Martha Ackerman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Wirk
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Hellegund Schleifer
Address,	529 Columbia Avenue.
Remarks,	

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99352

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth	20 th January
4. Place of Birth, (Street and Number)	Second Street 1420
5. Full Name of Mother,	Mary William
6. Mother's Maiden Name,	Mary Wilmer
7. Mother's Birthplace,	Md. West Baltimore
8. Full Name of Father,	Richd Wm
9. Father's Occupation,	Baltimore
10. Father's Birthplace,	
Name of Medical Attendant, or other Person who makes this Return.	Thos Sherman
Address,	
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 21 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 20th
4. *Place of Birth, (Street and Number)*	817 Columbia Ave
5. *Full Name of Mother,*	Annie Lang
6. *Mother's Maiden Name,*	" Lashgood
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Lang
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C. L. Bykerdyke M.D.
Address,	418 S. Paca St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 21st and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
Sex, (State whether male or female)	Girl
Race or color, (if not of the white race)	White
Date of Birth,	The 21 of December 1887
Place of Birth, (Street and Number)	No 1019 Orleans Street
Full Name of Mother,	Theresa Kroll
Mother's Maiden Name,	Theresa Braun
Mother's Birthplace,	Born in Rochester N. Y.
Full Name of Father,	Frank Kroll
Father's Occupation,	Grocer
Father's Birthplace,	Born in York Pa.
Name of Medical Attendant, or other person who makes this Return.	Jno C. Larsen
Address,	No 1029 Orleans St
Remarks,	Bal Md
	1887

RETURN OF A BIRTH 99355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner if the case of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 21st 1887
4. Place of Birth, (Street and Number) King St 2nd door W. of Eutaw
5. Full Name of Mother, Annie E. Spangler
6. Mother's Maiden Name, Annie Schnell
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William M. Spangler
9. Father's Occupation, Painter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. F. K. Wiley MD

Address, 405 W. Lombard St

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 99356

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 21st December 1887
4. Place of Birth, (Street and Number) 803 Light st
5. Full Name of Mother, Stella Ames
6. Mother's Maiden Name, " Dunton
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles Ames
9. Father's Occupation, Commercial Traveller
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Mrs Mitchell

Address, 103 Barney

Remarks,

Section 12. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	The 21 of Dec 1887
4. *Place of Birth, (Street and Number)*	No 1416 Gilmore Street
5. *Full Name of Mother,*	Agnes Loftus
6. *Mother's Maiden Name,*	Long Cohen
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frank Loftus
9. *Father's Occupation,*	Steelwright
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm Ch Lucas
Address,	No 1359 Maryland Ave
Remarks,	Bal Md
	1887

J. D. GILDAY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 99358

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth* 2/24 Dec 1887
4. *Place of Birth, (Street and Number)* 222 Jasper St
5. *Full Name of Mother* Mary Mitchell
6. *Mother's Maiden Name* " Jones
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Charles Mitchell
9. *Father's Occupation* Porter
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. G. B. Beeler MD

Address 411 N Donaldson St

Remarks None

RETURN OF A BIRTH 99357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state whether male ~~or female~~)
2. Race ~~or color, (if not of the white race)~~
3. Date of Birth, Dec. 22 1887.
4. Place of Birth, (Street and Number) No. 2141 E Lombard.
5. Full Name of Mother, Mary C Bennett.
6. Mother's Maiden Name, " " Wilson.
7. Mother's Birthplace, Maryland
8. Full Name of Father, Capt Stephen A Bennett.
9. Father's Occupation, Mariner.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this return. F. Ridgway, Jr. M.D.

Address, No. 1123 E Baltimore St.

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (illegible)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 22 17
4. *Place of Birth, (Street and Number)* 313 North St
5. *Full Name of Mother,* Ann Morgan
6. *Mother's Maiden Name,* Ann Lloyd
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. Morgan
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lauretta Hosford

Address, 43 Register st.

Remarks,

ascertained the full name of each child (if a male child shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) Fourth/4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 22d, 1887
4. Place of Birth, (Street and Number) No. 402 N. Broadway
5. Full Name of Mother, Mrs. Julia Reisinger
6. Mother's Maiden Name, Miss Julia Dietrick
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Fredrick P. Reisinger
9. Father's Occupation Confectioner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendiner, M.D.

Address, No. 418 N. Broadway

Remarks,

The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 22nd 11.35 P.M. 1887
4. *Place of Birth, (Street and Number)* 528 W. Lombard St.
5. *Full Name of Mother,* Elizabeth Durham
6. *Mother's Maiden Name,* Elizabeth Richstein
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Columbus Durham
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly MD

Address, 1701 E Balto St.

Remarks,

ascertained the full name of each child (if any shall have been omitted), its sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner ... the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec. 22nd 1887
4. Place of Birth, (Street and Number) 413 N. Durham
5. Full Name of Mother, Ann Priscilla
6. Mother's Maiden Name, " Blackson
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Jno Priscilla
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary Wallace

Address, 324 N Caroline

Remarks,

Every physician or midwife in attendance upon any case of birth shall, within ten days after the same can be ascertained, report to the Commissioner of Health the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the same penalty for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of Ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether ~~male or~~ female) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 22 — 87
4. Place of Birth, (Street and Number) 228 N Howard St
5. Full Name of Mother, Sadie Goodman Jonas
6. Mother's Maiden Name, Sadie Goodman
7. Mother's Birthplace, Boots
8. Full Name of Father, Rudolph Jonas
9. Father's Occupation, Merchant
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. R. W. Mifflin M.D

Address, 425 Saratoga St

Remarks, Born some 3 weeks prematurely

any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99365

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 22 1887
4. *Place of Birth, (Street and Number)*	1819 St Paul St
5. *Full Name of Mother,*	Emily Bond Owings
6. *Mother's Maiden Name,*	Emily Lindsay Bond
7. *Mother's Birthplace,*	Harford Co Maryland
8. *Full Name of Father,*	Thomas Owings
9. *Father's Occupation,*	Attorney at Law
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	A K Bond M D
Address,	310 W Biddle St Baltimore
Remarks,	

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99366.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 22
4. Place of Birth, (Street and Number) 1012 Dallas Street
5. Full Name of Mother, Marguerithe Meyer
6. Mother's Maiden Name, Erlein
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Meyer
9. Father's Occupation, Tailor
10. Father's Birthplace, Kurhessen Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1249 E. Eager Street

Remarks,

[illegible] name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its [illegible] and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a [illegible] the first and third day of each and every month to the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Dec 23 1889

4. *Place of Birth, (Street and Number)* 1507 E. Clare St.

5. *Full Name of Mother,* Esther Elizabeth Meyerinis

6. *Mother's Maiden Name,* Rysler

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* William Meyerinis

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return Dr Henry Millard

Address, 1207 E. Monument St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. KELLANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	The 23 of Dec 1887
4. *Place of Birth, (Street and Number)*	No 570 Cypress Street
5. *Full Name of Mother,*	Annie Lapkins
6. *Mother's Maiden Name,*	Annie Gilchrist
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Lapkins
9. *Father's Occupation,*	City Garbage Cart
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch Lauer
Address,	No 1059 Hanover Ave
Remarks,	Bal Md
	1887

RETURN OF A BIRTH 99369.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 23 1911
4. Place of Birth (Street and Number),	No 1017 E Baltimore St
5. Full Name of Mother,	Mary Wimmer
6. Mother's Maiden Name,	Mary Roese
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	John Wimmer
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	John G Womble M.D.
Address,	No 380 York Ave
Remarks,	

and shall set forth as far as the same can be ascertained the full name of such child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 24th 2 1/2 P.M. 1887
4. *Place of Birth, (Street and Number)* 731 S. Broadway
5. *Full Name of Mother,* Jane Hollen Wright
6. *Mother's Maiden Name,* J. H. Owens
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Chas. Edward Wright
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other Person who makes this Return. Samuel E. Linville M.D.

Address, 1701 E Baltimore St.

Remarks,

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list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6 Child

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* The 24 of Dec 1887
4. *Place of Birth, (Street and Number)* No 910 Biddle Street
5. *Full Name of Mother,* Kate Diedrich
6. *Mother's Maiden Name,* Kate Diedrich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Diedrich
9. *Father's Occupation,* Sculptor and Stone Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Jno H Lauer

Address, No 1057 Harford Ave

Remarks, Bal Md

1887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec 25-87
4. *Place of Birth (Street and Number)*	144 Aisquith st
5. *Full Name of Mother*	Mary O'Connor
6. *Mother's Maiden Name*	" King
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Thos O'Connor
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Cathell Md
Address	4 N Broadway
Remarks	

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 99393.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 3 Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	The 25 of Dec 1887
4. *Place of Birth, (Street and Number)*	No 124 South Exeter
5. *Full Name of Mother,*	Ingrath O'Bailey
6. *Mother's Maiden Name,*	Ingrath Dulaskey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James O'Bailey
9. *Father's Occupation,*	Telegraph operator
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Lehmann
Address,	No 1059 Hanford Ave
Remarks,	Balto Md
	1-87

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99374.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & Child

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, The 26 of Dec 1887
4. Place of Birth, (Street and Number) Our Holy Cross Cemetery
5. Full Name of Mother, Bridget Griffin
6. Mother's Maiden Name, Bridget Duffy
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Griffin
9. Father's Occupation, Grave digger
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs E. Lucas

Address, Our H[illegible] Maryland Ave

Remarks, Bal Md 1887

RETURN OF A BIRTH.

99375.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Brown

3. Date of Birth December 8th 1897.

4. Place of Birth (Street and Number) 522 N. Hoffman st.

5. Full Name of Mother Virginia Ringold.

6. Mother's Maiden Name Virginia Thomas

7. Mother's Birthplace Baltimore.

8. Full Name of Father Edward Ringold.

9 Father's Occupation Painter.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Thos Dickson.

Address 1018 Madison Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

Over 12316.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sarah Regina Buechel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec. 19th.
4. Place of Birth, (Street and Number) 1545 Pennsylvania Ave.
5. Full Name of Mother, Sarah Buechel.
6. Mother's Maiden Name, Sarah Pape.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Gustavus Buechel.
9. Father's Occupation, Provision Dealer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Sergeant Bacon M.D.

Address, N. W. Cor. Arlington and Lafayette Aves.

Remarks,

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st 99377
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 10th December 1891
5. *Place of Birth, (Street and Number)* 211 E. Fayette
6. *Full Name of Mother,* Maggie Lillie
7. *Mother's Maiden Name,* Page
8. *Mother's Birthplace,* Md.
9. *Full Name of Father,* Duncan A. Gettier
10. *Father's Occupation,* Contractor
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return — H. H. Mitchell

Address, 106 Bucher

Remarks,

...shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS & STATIONERS.

RETURN OF A BIRTH 99378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 14th 1887
4. Place of Birth (Street and Number),	2348 Penna ave
5. Full Name of Mother,	Annie Gaven
6. Mother's Maiden Name,	" Hutts
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Leo Gaven
9. Father's Occupation,	Car Driver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Jas A McCauley
Address,	609 Wooster St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

~~Street Number Wanted~~ 878-57

RETURN OF A BIRTH

99399.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Raymond Edward 1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Dec 16" 1887
4. Place of Birth, (Street and Number)	616 Wyeth St
5. Full Name of Mother,	Ella M Carson
6. Mother's Maiden Name,	" " Brenner
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Thos Carson
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham Md
Address,	725 Columbia Ave
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Brown skin
3. *Date of Birth,*	16th of dec
4. *Place of Birth, (Street and Number)*	911 Eden roe
5. *Full Name of Mother,*	Emma Lewis
6. *Mother's Maiden Name,*	Lewis
7. *Mother's Birthplace,*	City Baltimore
8. *Full Name of Father,*	William Stewart
9. *Father's Occupation,*	Well diger
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	Lydia V Somerville
Address,	13 Clinton ave
Remarks,	

...ist of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Dec 17th 1887
4. Place of Birth (Street and Number),	823 Mulberry st
5. Full Name of Mother,	Maria Lambert
6. Mother's Maiden Name,	" Dalmann
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Lammert
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. A Pfannenschmidt
Address,	609 Monument st
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said midwife shall in no case deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

99382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Dec 17. 1887
4. *Place of Birth* (Street and Number)	No 8 Penn St
5. *Full Name of Mother*	Margret Stover.
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Gustave Kraus
9. *Father's Occupation*	Shoemaker.
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who maker this Return.	E Ruyter Hard. M.D.
Address	648 N. Lombard St.
Remarks	

RETURN OF A BIRTH 99383.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* 19 Dec 1887.
4. *Place of Birth, (Street and Number)* 1830. Chew St
5. *Full Name of Mother,* Mamie Fisher
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Alice Louise Schuttle

Address,

Remarks, unmarried

ascertained the full name of each child (if any shall have been omitted,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon, the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* — —
3. *Date of Birth,* 21 Dec 1884
4. *Place of Birth, (Street and Number)* 520 Chatsfield
5. *Full Name of Mother,* Margerette Schmitt
6. *Mother's Maiden Name,* Schaefer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michel Schmitt
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Schmitt

Address, 528 N Washington St

Remarks,

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99,385.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex, (State whether male or female)	Male.
2. Race or color, (if not of the white race)	
3. Date of Birth,	Dec 21 — 1887.
4. Place of Birth, (Street and Number)	618 Hanover st
5. Full Name of Mother,	Aga Spies
6. Mother's Maiden Name,	Lecompte
7. Mother's Birthplace,	America.
8. Full Name of Father,	Robus Spies.
9. Father's Occupation,	Tailor.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife.
Address,	1032 Hanover st Bl
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the use of ten [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99386.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 22 — 1887.
4. *Place of Birth, (Street and Number)*	896 Fremont st.
5. *Full Name of Mother,*	Clara Corkran Sieball.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Charles Corkran.
9. *Father's Occupation,*	Farmer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohmasser. Midwife
Address,	1032 Hanover st.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99387.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 22d 1887
4. *Place of Birth, (Street and Number)*	2011 E Chase St
5. *Full Name of Mother,*	Maggie L Love
6. *Mother's Maiden Name,*	Dudrow
7. *Mother's Birthplace,*	Frederick Md
8. *Full Name of Father,*	John W T Love
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balti Md
Name of Medical Attendant, or other person who makes this Return.	
Address,	Anna Marys Maggie Mo 1218 Biddle St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99388.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex, (State whether male or female)	Female.
2. Race or color, (if not of the white race)	
3. Date of Birth,	Dec 23 — 1887.
4. Place of Birth, (Street and Number)	103 Ostend st.
5. Full Name of Mother,	Jennie Benton
6. Mother's Maiden Name,	Derre.
7. Mother's Birthplace,	America.
8. Full Name of Father,	William Benton.
9. Father's Occupation,	Ship-carpenter.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

99,389.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. Sex, (state whether male or female)	~~Colored~~ Female
2. Race or Color, (if not of the white race)	Colored.
3. Date of Birth,	Dotday December 24 87
4. Place of Birth, (Street and Number)	745 Jew Alley Baltimore
5. Full Name of Mother,	Emley Myers
6. Mother's Maiden Name,	Emley Gool
7. Mother's Birthplace,	Cambrig Dorchester Co Md
8. Full Name of Father,	William Myers
9. Father's Occupation,	labor
10. Father's Birthplace,	queen Anns Con Md
Name of Medical Attendant, or other Person who makes this Return	Mrs Elizabeth Sayle
Address,	10.06 Durling
Remarks,	Baltimore Md

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...RY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 90390.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	24 th of December 1878
4. *Place of Birth, (Street and Number)*	1 Tricker St 1522
5. *Full Name of Mother,*	Mary Monaugh
6. *Mother's Maiden Name,*	Mary Masters
7. *Mother's Birthplace,*	Washington Co md
8. *Full Name of Father,*	Allen Monaugh
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Washington County
Name of Medical Attendant, or other Person who makes this Return.	Lydia V Somerville
Address,	13 Clinton Avenue
Remarks,	

...ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ...ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its ...parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a ...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the ...birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person ...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to ...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person ...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars ...for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec. 25 1887
4. Place of Birth (Street and Number), 534 Lawrens
5. Full Name of Mother, Sarah E. Wright
6. Mother's Maiden Name, Allen
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Frank Wright
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Chrestian M.D.

Address, 1821 Madison Ave

Remarks,

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99392.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 26/87
4. Place of Birth, (Street and Number) 943 ~~Fremont~~ Forrest st
5. Full Name of Mother, Martha Heisrich
6. Mother's Maiden Name, Martha Boyle
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Heisrich
9. Father's Occupation Brass Moulder
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mrs. Sarah Worden

Address, 936 Greenmount ave

Remarks,

...ual or the cases which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the ...ture of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99393.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec. 26th 1887
4. Place of Birth (Street and Number),	1820 Brunt St
5. Full Name of Mother,	Margaret Stengel
6. Mother's Maiden Name,	Mihm
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Wm Stengel
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	J. H. Christian. M.D.
Address,	1821 Madison ave
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99394.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 26th 1887 12.22 P.M.
4. *Place of Birth, (Street and Number)* 411 S. Central Ave
5. *Full Name of Mother,* Margaret Eliz. Gibbons
6. *Mother's Maiden Name,* M. E. Quinn
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Edward L. Gibbons
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return, Jesse C. Granville M.D.

Address, 1701 E. Baltimore St.

Remarks,

... Printers and Stationers.

RETURN OF A BIRTH 99395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 26th 1887
4. *Place of Birth, (Street and Number)*	816 Barre St
5. *Full Name of Mother,*	Julia Beatty
6. *Mother's Maiden Name,*	" Stewart
7. *Mother's Birthplace,*	Balto ~~Beatty~~
8. *Full Name of Father,*	Luther Beatty
9. *Father's Occupation,*	Seaman
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham M.D.
Address,	725 Columbia ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., (CITY PRINTERS) AND STATIONERS.

9-29-53

RETURN OF A BIRTH 99396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Beatrice Ellen Morrow

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex (state whether male or female), Female,
2. Race or Color (if not of the white race),
3. Date of Birth, Dec. 28. 1857
4. Place of Birth (Street and Number), 22 S. Patterson Park Ave.
5. Full Name of Mother, Mrs. Lydia Ann Vogelman Morrow
6. Mother's Maiden Name, Miss Lydia Ann Vogelman
7. Mother's Birthplace, Cincinnati, Ohio
8. Full Name of Father, James Samuel Morrow
9. Father's Occupation, Barber
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. C. [redacted] Buck M. D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

and shall set forth as far as the facts can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

99.97.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 5 December

4. Place of Birth, (Street and Number) 120 N Liberty

5. Full Name of Mother, Jeanette Annie Kemp Miller

6. Mother's Maiden Name, J. A. Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Raphael Alexander Reinhard

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. F. Reinhard

Address, 120 N Howard Street

Remarks,

...ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

99398

NAME ADDED 4-15-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothy Mary Towle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 8. 1887
4. Place of Birth, (Street and Number) 1001 Park Avenue
5. Full Name of Mother, Mary Agnes Towle
6. Mother's Maiden Name, " " Flaherty
7. Mother's Birthplace, Balt City
8. Full Name of Father, Frederick W. Towle
9. Father's Occupation, Retail liquor dealer
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this return. Marbury Brewer Md

Address, 1031 McCulloh St

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Emma de Goey Sohl 1st. 99399.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 9. 1887
4. Place of Birth, (Street and Number)	1027 Argyle Avenue
5. Full Name of Mother,	Eva Sohl
6. Mother's Maiden Name,	Nelson
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	George A Sohl
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Marburg Brewn MD
Address,	1031 McCulloh St
Remarks,	

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the (Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99400.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 14 of Dec 1887
4. Place of Birth (Street and Number), Hollins st 1215
5. Full Name of Mother, Augusta Ulrich
6. Mother's Maiden Name, Augusta Ruby
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samuel D Ulrich
9. Father's Occupation, Saloon
10. Father's Birthplace, Frederick City Md

Name of Medical Attendant, or other person who makes this Return. M W. O Mara

Address, 1927 West Lombard St

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	20 December
4. *Place of Birth, (Street and Number)*	1222 Division Street
5. *Full Name of Mother,*	Martha Lynch Schmuff
6. *Mother's Maiden Name,*	Martha Lynch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Schmuff
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	L. J. Reinhard
Address,	120 N Howard Street
Remarks,	

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99102.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec 22 1899 (Christian)
4. Place of Birth (Street and Number), Eastian st No 117
5. Full Name of Mother, Tessa Ehe
6. Mother's Maiden Name, Tessa Hohman
7. Mother's Birthplace, Germany
8. Full Name of Father, George Ehe
9. Father's Occupation, Brickayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumap

Address, 1927 W Lombard St

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99403.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec 23rd 1881
4. Place of Birth (Street and Number), No 74 Browns Lane
5. Full Name of Mother, Ida Koeshel
6. Mother's Maiden Name, Ida Augelbauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Eward Koeshel
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs E Durnan

Address, 1927 W Lemland St

Remarks,

The Physician shall contract a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99404.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 25. 1897

4. Place of Birth, (Street and Number) 829 N. Gilmore st

5. Full Name of Mother, Sarah Bowen Waterman

6. Mother's Maiden Name, " " Royston

7. Mother's Birthplace, Balt City

8. Full Name of Father, Frank M Waterman

9. Father's Occupation, Lieut. Revenue Marine

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return. Mathew Brown M.D

Address, 1031 N. Caroline

Remarks,

List of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of saidwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99465.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 26 1897

4. Place of Birth, (Street and Number) 949 Penna Avenue

5. Full Name of Mother, Hattie Louisa Lefevre

6. Mother's Maiden Name, " " Gordon

7. Mother's Birthplace, Balto City

8. Full Name of Father, Charles Edward Lefevre

9. Father's Occupation, Watchman-Notions Retail

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Harvey Brown M.D.

Address, 1031 N. Eutaw St

Remarks,

List of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Gal

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 Décembre

4. Place of Birth, (Street and Number) 1055 Wharfad Avenue

5. Full Name of Mother, Catherine Breuning

6. Mother's Maiden Name, = Rostemer

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Marcus Breuning

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 1249 E Eager Street

Remarks,

...ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the penalty of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec 26 1887
4. Place of Birth (Street and Number), Baltimore St
5. Full Name of Mother, Mary Keller
6. Mother's Maiden Name, Mary Klein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thed Keller
9. Father's Occupation, Labors
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dun[illegible]

Address, 1928 W Lombard St

Remarks,

The Commissioners shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioners as herein, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99408.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 December
4. Place of Birth, (Street and Number) 905 Spring street
5. Full Name of Mother, Dora Bekling
6. Mother's Maiden Name, = Thaupt
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Bekling
9. Father's Occupation, butcher
10. Father's Birthplace, Baltic Pomerania

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1249 E Eager street

Remarks,

...ber of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99407.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Monday, December 26, 1887.
4. Place of Birth, (Street and Number) 934 W. Lombard St.
5. Full Name of Mother, Lena Haun.
6. Mother's Maiden Name,
7. Mother's Birthplace, New York City.
8. Full Name of Father, William Haun.
9. Father's Occupation, Bricklayer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return L. W. Longacre M. D.

Address, 726 W. Lexington St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTER AND STATIONER

RETURN OF A BIRTH 99413.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 24th 87
4. Place of Birth (Street and Number),	149 E. Ramsay St
5. Full Name of Mother,	Annie Warfield
6. Mother's Maiden Name,	Annie Kent
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	H. C. Warfield
9. Father's Occupation,	Conductor on B. & O. R.R.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips
Address,	135 W. Lombard St
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said returns shall be delivered, duly signed by the practitioner in the form of a certificate, within ten days and on each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99411

GIVEN NAME ADDED 1-5-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Gerhard ~~Eberhard~~ Stallfort

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 4th, 1887
4. Place of Birth, (Street and Number) 831 N Carolina Street
5. Full Name of Mother, Helene Stallfort
6. Mother's Maiden Name, Helene Dahnke
7. Mother's Birthplace, Quakenbrück, Germany
8. Full Name of Father, Gerhard Stallfort
9. Father's Occupation, Leatherdealer
10. Father's Birthplace, Quakenbrück / Germany /

Name of Medical Attendant, or other Person who makes this Return. A L I Reinhard

Address, 720 N Howard Street

Remarks,

Not of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such family to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Missing #9912

RETURN OF A BIRTH 99113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. ~~Grand Harwood~~ Linthicum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Mch. 7. 1897
4. Place of Birth, (Street and Number) 1237 N. Bond St.
5. Full Name of Mother, Mary Ann Linthicum
6. Mother's Maiden Name, " " Jackson
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frank Linthicum
9. Father's Occupation, Locomotive Engineer
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99414.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Mch. 11. 1857
4. Place of Birth, (Street and Number)	1415 Fulton Ave.
5. Full Name of Mother,	Margherita Isaac
6. Mother's Maiden Name,	" Rittinger
7. Mother's Birthplace,	Bavaria
8. Full Name of Father,	Armand Isaac
9. Father's Occupation,	Professor of Languages
10. Father's Birthplace,	Prussia
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Carlin St.
Remarks,	

RETURN OF A BIRTH 99115.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Mch. 17. 1887
4. *Place of Birth, (Street and Number)*	1307 N. Eden St.
5. *Full Name of Mother,*	Annie C. Prime
6. *Mother's Maiden Name,*	" " Stumpf
7. *Mother's Birthplace,*	Fred'k. Co. Md.
8. *Full Name of Father,*	William F. Prime
9. *Father's Occupation,*	Gauger
10. *Father's Birthplace,*	Prince Georges Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Mortuan M.D.
Address,	1121 N. Caroline St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been registered,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should the other person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Mch. 27. 1887
4. Place of Birth, (Street and Number)	313 E. Townsend st.
5. Full Name of Mother,	Lillian M. Filbert
6. Mother's Maiden Name,	" " Macculloch
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Alfred M. Filbert
9. Father's Occupation,	Telegraphist
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo A. Hartman M.D.
Address,	1121 N. Carlton st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the births [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons present above mentioned to report its birth to the Commissioner of Health, in the manner and within the period above specified. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Missing #99417 – #99426, incl.

RETURN OF A BIRTH

99427.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 3. 1887
4. *Place of Birth, (Street and Number)*	1225 Ensor St.
5. *Full Name of Mother,*	Elizabeth Cox
6. *Mother's Maiden Name,*	" Thomas
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Arthur Cox
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Carolina St.
Remarks,	

Register of such birth, and shall enter the same on a blank ... to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99428.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 7. 1887
4. *Place of Birth, (Street and Number)*	1324 N. Bond St.
5. *Full Name of Mother,*	Ella Florence Haggard
6. *Mother's Maiden Name,*	" " Frush
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Wm. E. Haggard
9. *Father's Occupation,*	Cigar-Manufacturer
10. *Father's Birthplace,*	Anne Arundel Co. Md
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Carlin St.
Remarks,	

...ler of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of ...alth. This schedule shall contain, first of the births which have occurred under his or her care during the ...en, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have ...n conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...d schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...rd day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...ndance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...ild to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...y such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be sub... ...ed to the ... of ... dollars for each and every such offence, to be recovered as other fines and forfeitures are recoverable.

Missing # 99429 - # 99504

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99505

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	June 24th 1897
4. Place of Birth (Street and Number),	1810 Rutter street
5. Full Name of Mother,	Katie Williams
6. Mother's Maiden Name,	Katie Harris
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Wm Henry Williams
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Hester Clarence
Address,	605 Pratt st
Remarks,	

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall be sworn as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; And the said schedule shall be delivered, duly signed by the practitioner in the form as aforesaid, on the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to, the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Sutton e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* ~~Male.~~ Female.
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 1-6 1887
4. *Place of Birth, (Street and Number)* 14 Eden st
5. *Full Name of Mother,* Mena Soup.
6. *Mother's Maiden Name,* " " Kate.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Alex Soup.
9. *Father's Occupation,* Tavern
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Geo Edgar Beck

Address, 1764 Bank st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99507.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, Dec 1 - 1887

4. Place of Birth, (Street and Number) 800 N. Wolfe St

5. Full Name of Mother, Eva Wright

6. Mother's Maiden Name, " Wells

7. Mother's Birthplace, Baltimore City - Md.

8. Full Name of Father, Mart Wright

9. Father's Occupation, K. K. News Agent

10. Father's Birthplace, Baltimore City - Md.

Name of Medical Attendant, or other Person who makes this Return Geo F. Saylor M.D.

Address, 728 N. Broadway

Remarks,

"Every birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery; or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 1st 1887
4. Place of Birth (Street and Number),	1015 Parkam-
5. Full Name of Mother,	may Beverly
6. Mother's Maiden Name,	may simpson
7. Mother's Birthplace,	Baltimore Co md
8. Full Name of Father,	William Beverly
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Hester Cotance
Address,	605 Preston st
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

99509.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 one
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 2 one 1887
4. Place of Birth, (Street and Number)	1286 Battery av
5. Full Name of Mother,	Annie M. Baltzell
6. Mother's Maiden Name	Vansant
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Chas Hy. Baltzell
9. Father's Occupation,	Printer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH 99510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* December the 2 1898
4. *Place of Birth (Street and Number),* 3 [illegible] Park Street
5. *Full Name of Mother,* Margaret Shea
6. *Mother's Maiden Name,* Burke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Burke
9. *Father's Occupation,* a Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Abraham Taylor

Address, No 41 Guilford alley

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (2) any child have been concealed, (3) sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the same penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 79511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex (state whether male or female), Female,
2. Race or Color (if not of the white race), White,
3. Date of Birth, December 3d.
4. Place of Birth (Street and Number), #305 Woodyear St.
5. Full Name of Mother, Mary Tooee
6. Mother's Maiden Name, Gable,
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Andrew Tooee,
9. Father's Occupation, Machinist
10. Father's Birthplace, Balt City.

Name of Medical Attendant, or other person who makes this Return. Louis V. Dundico

Address, N.E. Cor. Columbia & Fremont Aves

Remarks,

The name must be given as soon as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99512.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ..... day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person ..... who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ord

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Dec. 3rd
4. *Place of Birth, (Street and Number)* 963 S. Clarkson.
5. *Full Name of Mother,* Annie K. Lang
6. *Mother's Maiden Name,* " " Fiehler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Lang
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. F. L. Wardlaw M.D.

Address, 418 S. Paca St.

Remarks,

1898 J. C. O'LEARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99513.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Dec. 4th
4. *Place of Birth, (Street and Number)*	1804 Penn. ave.
5. *Full Name of Mother,*	Margaret Blank
6. *Mother's Maiden Name,*	" Zeller
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	William Blank
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	E. L. Bardenstein
Address,	918 N. Paca St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99.111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* December 4th 1887.
4. *Place of Birth, (Street and Number)* Baltimore Leadenhall St. No. 100
5. *Full Name of Mother,* Elisabeth Linthicum
6. *Mother's Maiden Name,* Elizabeth Evans
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Linthicum
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Cathrena Münch

Address, 100 Leadenhall St.

Remarks, ...

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or the person in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in person or by letter, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99515.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately interested it shall become the duty of the occupier or inmate of such house in which such birth shall occur to report the same to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White.
3. Date of Birth, December 14
4. Place of Birth (Street and Number), 333. Parken St.
5. Full Name of Mother, Kate. Mc. Intyre.
6. Mother's Maiden Name, Kite. Green.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Patrick. Mc. Intyre.
9. Father's Occupation, Boiler Maker.
10. Father's Birthplace, Baltimore. City.

Name of Medical Attendant, or other person who makes this Return. Mrs H. Seabach

Address, 1035 W. Pratt Street

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 9516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the parent or parents shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 4 1887
4. *Place of Birth, (Street and Number)* Baltimore ghames st No 231
5. *Full Name of Mother,* Kate Holmes
6. *Mother's Maiden Name,* Kate Cisanharet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Holmes
9. *Father's Occupation,* ~~Baltimore~~ Capt. of schooner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 800 Leadenhall St.

Remarks,

MCE J. E. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December the 4. 1887
4. *Place of Birth, (Street and Number)*	Pratt st No 2115
5. *Full Name of Mother,*	Lener Hiner
6. *Mother's Maiden Name,*	Lener Hunt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	fredrick Hiner
9. *Father's Occupation,*	Labrer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 2022 Wilkins Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-18-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Clarence Harrison Bruce Seventh
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	Dec 4 - 87
4. Place of Birth, (Street and Number)	1639 Miller St
5. Full Name of Mother,	Emma C. Bruce
6. Mother's Maiden Name,	" " Lathe
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm H. Bruce
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

The Return required by this section shall be signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and with in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 4th 1897
4. Place of Birth (Street and Number),	515 Biddle alley
5. Full Name of Mother,	Louise Woody
6. Mother's Maiden Name,	Louise Cook
7. Mother's Birthplace,	Sandy Springs Montgomery Co Md
8. Full Name of Father,	James Woody
9. Father's Occupation,	H Laborer
10. Father's Birthplace,	Penna
Name of Medical Attendant, or other person who makes this Return.	Hester Colance
Address,	505 Preston St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 90820.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3rd Child

1. *Sex.* (*State whether* ~~male~~ *female*)
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* December 5th 1887.
4. *Place of Birth.* (*Street and Number*) Bank 2055
5. *Full Name of Mother,* Mary Ward
6. *Mother's Maiden Name,* Mary Atteley
7. *Mother's Birthplace,* County Galy. Ireland. G. B. Europe
8. *Full Name of Father,* James Ward
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* County Galy. Ireland. G. B. Europe.

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not less than five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. C. BRYANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Monday Dec 5 /87
4. Place of Birth (Street and Number),	410 Scott
5. Full Name of Mother,	Maggie Griffith
6. Mother's Maiden Name,	" " Vanskiver
7. Mother's Birthplace,	Balto Md.
8. Full Name of Father,	Allen A Griffith
9. Father's Occupation,	Produce Dealer
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	711 Cross St
Remarks,	

The Baltim...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 6th
4. *Place of Birth, (Street and Number)*	1107 Patapsco st
5. *Full Name of Mother,*	Mary Ann Gilgunn
6. *Mother's Maiden Name*	Mary Ann Hawkins
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father.*	James Gilgunn
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	1029 Curley st
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99,523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Dec. 6th 1887.
4. *Place of Birth, (Street and Number)*	115 N. Lee St.
5. *Full Name of Mother,*	Sarah E. Henninghausen,
6. *Mother's Maiden Name,*	" " Lepsie.
7. *Mother's Birthplace,*	Frostburg, Md.
8. *Full Name of Father,*	Rev. F. P. Henninghausen,
9. *Father's Occupation,*	Clergyman -
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 6th 1887
4. Place of Birth (Street and Number),	535 Orford Street
5. Full Name of Mother,	Emma Green
6. Mother's Maiden Name,	Emma Crawford
7. Mother's Birthplace,	Balto. md.
8. Full Name of Father,	Richard Green
9. Father's Occupation,	Joiner
10. Father's Birthplace,	Charles County md
Name of Medical Attendant, or other person who makes this Return.	Hester Clemens
Address,	534 Preston Street
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd — 99525

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 6th 89
4. Place of Birth, (Street and Number) 540 N. Carey St.
5. Full Name of Mother, Malinda Faville
6. Mother's Maiden Name, Malinda Cleaver
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, George C. Faville
9. Father's Occupation, Veterinary Surgeon
10. Father's Birthplace, Iowa

Name of Medical Attendant, or other Person who makes this Return. H. Miller M.D.

Address, 639 Franklin St.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 1 of December
4. *Place of Birth (Street and Number),* 3107 Gilbert str canton
5. *Full Name of Mother,* Eva Zinz
6. *Mother's Maiden Name,* Eva Hahn
7. *Mother's Birthplace,* Bayern Germany
8. *Full Name of Father,* John Zinz
9. *Father's Occupation,* Provision Dealer
10. *Father's Birthplace,* Bayern Germany

Name of Medical Attendant, or other person who makes this Return. L. Theilemann Midwife

Address, 1225 Hare st.

Remarks,

RETURN OF A BIRTH 99827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st 99827
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	3 December
4. Place of Birth (Street and Number),	1132, Wilmot Alley.
5. Full Name of Mother,	Emma Cooking
6. Mother's Maiden Name,	" " "
7. Mother's Birthplace,	Essex county
8. Full Name of Father,	George Thornton
9. Father's Occupation,	Farmer
10. Father's Birthplace,	Essex county
Name of Medical Attendant, or other person who makes this Return.	Mrs Alpha Johnson
Address,	710 Tyson St
Remarks,	

Register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 4 / 87
4. *Place of Birth (Street and Number),* # 3112 Gelbach # corner
5. *Full Name of Mother,* Martha Jane Lusk
6. *Mother's Maiden Name,* Martha Jane Kelley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Scott Lusk
9. *Father's Occupation,* Street car conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. P. Lissmann Midwife

Address, 1220 Eden st.

Remarks,

Register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 49529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 1st 1891
4. *Place of Birth (Street and Number),* Baltimore City 812 Eutaw St
5. *Full Name of Mother,* Annie Buckel
6. *Mother's Maiden Name,* Annie Buckel
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* Otto Buckel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss M. Shaffer

Address, 1139 Eutaw St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such Birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, December 6 th
4. Place of Birth (Street and Number), 1222 Hollins St
5. Full Name of Mother, Lucy [illegible] Grady
6. Mother's Maiden Name, Lucy Grant
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William [illegible] Grady
9. Father's Occupation, Brick maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Florentine Gerlach

Address, 1526 Wigmore St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race),
3. Date of Birth, December 6th 1881.
4. Place of Birth (Street and Number), 112 South Eutaw st Baltimore
5. Full Name of Mother, Augusta Tisbel.
6. Mother's Maiden Name, Augusta Kuhl.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H. Tisbel.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Shaffer

Address, 1137 South Ridgley Street

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 6 Dec.
4. *Place of Birth (Street and Number),* 134 N. Bond St
5. *Full Name of Mother,* Lizzie Eckhardt
6. *Mother's Maiden Name,* " Silkman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Eckhardt
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ellig

Address, 1302 Hollins St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 7th 1907
4. *Place of Birth, (Street and Number)*	Ramsey st No 1420
5. *Full Name of Mother,*	Catherine Green
6. *Mother's Maiden Name,*	Catherine Lantz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Nickles Green
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Keller
Address,	No 2022 Wilkens Ave
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth*	December 7th 1887
4. *Place of Birth, (Street and Number)*	Mt Cheney st 1329
5. *Full Name of Mother,*	Lena Beck
6. *Mother's Maiden Name,*	Lena Claudy
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Beck
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 2012 Wilkens Ave
Remarks,	

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RETURN OF A BIRTH 99535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* American white.
3. *Date of Birth,* 4th December 1897.
4. *Place of Birth (Street and Number),* Baltimore City 1915 Ramsay Alley.
5. *Full Name of Mother,* Mollie Hellen Sikes.
6. *Mother's Maiden Name,* Mollie H. Tracy.
7. *Mother's Birthplace,* Green Spring Valley Baltimore Co.
8. *Full Name of Father,* Elbert Evans Sikes Jr.
9. *Father's Occupation,* House Carpenter.
10. *Father's Birthplace,* Ranelstown Baltimore Co.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No 106 W. Monroe St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 9-8-52

RETURN OF A BIRTH 99536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Etta Myrtle Cannon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White Race
3. Date of Birth,	December 7th 1917
4. Place of Birth, (Street and Number)	No. 27 Hill St Hanover Street
5. Full Name of Mother,	Lena Cannon
6. Mother's Maiden Name,	Lena Schardt
7. Mother's Birthplace,	Richmond Virginia
8. Full Name of Father,	Herbert Manton Cannon
9. Father's Occupation,	Captain of Steamboat
10. Father's Birthplace,	Baltimore Maryland
Name of Medical Attendant, or other person who makes this Return.	Wm. Münch.
Address,	No 27 Hill St Hanover Balto Md.
Remarks,	100 Leadenhall St.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH 99537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 7th 1867
4. *Place of Birth, (Street and Number)*	Mount st No 14
5. *Full Name of Mother,*	Isabella A Schwartz
6. *Mother's Maiden Name,*	Isabella A Mcalister
7. *Mother's Birthplace,*	Washington
8. *Full Name of Father,*	John Schwartz
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 2022 W Mount ave
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list, of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

— J. MURPHY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 on
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 7th 1887
4. Place of Birth, (Street and Number)	~~#~~ 111 N. Barre st.
5. Full Name of Mother,	Martha H. Murphy
6. Mother's Maiden Name,	Newman
7. Mother's Birthplace,	Queen Anne Co
8. Full Name of Father,	Jno Ira Murphy
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Harford Co
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, the parent or other person being in attendance upon the mother, immediately thereafter shall become in duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 7 1897
4. *Place of Birth, (Street and Number)*	1015 Wilcox St.
5. *Full Name of Mother,*	Laura Gordon
6. *Mother's Maiden Name,*	" Mantler
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Lloyd Gordon
9. *Father's Occupation,*	Laborer,
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	725 Fremont Ave
Remarks,	

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99540

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 8th 89
4. *Place of Birth, (Street and Number)* 506 Pitcher St.
5. *Full Name of Mother,* Laura Welsh
6. *Mother's Maiden Name,* Laura Earhart
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Edward Welsh
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address, 639 Franklin St.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 8 97.
4. *Place of Birth, (Street and Number)*	2018 E. Chase St.
5. *Full Name of Mother,*	Nellie Jarboe
6. *Mother's Maiden Name,*	" Newport.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Frank T. Jarboe
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	D.C.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	725 Gruntly Ave.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her cognizance during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* December 1st
4. *Place of Birth (Street and Number),* 605 Warner street Baltimore
5. *Full Name of Mother,* Mary E. Standiford
6. *Mother's Maiden Name,* Mary E. McF McCarthy
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* T. M. Standiford
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Shaffer

Address, 1131 South Ridgley street

Remarks,

more under whose charge or superintendence a birth shall happen, the place, when and where such register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Dec 8 - 1897
4. Place of Birth (Street and Number),	627 N. Castle St.
5. Full Name of Mother,	Lillie D. Lambdin
6. Mother's Maiden Name,	Buchmann
7. Mother's Birthplace,	Philadelphia Pa
8. Full Name of Father,	Joseph E. Lambdin
9. Father's Occupation,	Iron Moulder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Dein
Address,	427 E. Pratt
Remarks,	

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 8th
4. Place of Birth (Street and Number),	1926 Bolton Alley
5. Full Name of Mother,	Mary Ellen Davis
6. Mother's Maiden Name,	" " " Jefferson
7. Mother's Birthplace,	Howard county
8. Full Name of Father,	William Davis
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Howard County
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Jefferson
Address,	710 Tyson st
Remarks,	

register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Dec 8th 1887
4. *Place of Birth (Street and Number),* 507 West Pratt St
5. *Full Name of Mother,* Rebecca Fisher
6. *Mother's Maiden Name,* Rebecca Servant
7. *Mother's Birthplace,* Warwick Co Va
8. *Full Name of Father,* [redacted] William L Fisher
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Essex Co Va

Name of Medical Attendant, or other person who makes this Return. Hester Coleman

Address, 608 Pratt St

Remarks,

RETURN OF A BIRTH 99546

CERTIFICATE CORRECTED 2-20-36

To the Office of ~~Registrar of Vital Statistics, Board of Health~~, Baltimore City.

Name: Frank Joseph Otterbein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	9th December 1887
4. *Place of Birth, (Street and Number)*	600 East Lee
5. *Full Name of Mother,*	Mary (~~Otterbein~~ ~~Simon~~) Otterbein
6. *Mother's Maiden Name,*	(~~Simon~~) Simon
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adam (~~Otterbein~~) Otterbein
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Smith
Address,	516 East Lee
Remarks,	

under whose charge or Superintendence a Birth shall hereafter take place, shall have a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, race or color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

over

RETURN OF A BIRTH 99547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether~~ male ~~or female~~), Harry Ford Ogden
2. Race or Color (~~if not~~ of the white race),
3. Date of Birth, Dec 9th 1887
4. Place of Birth (Street and Number), 1838 Saratoga St
5. Full Name of Mother, Annie J Ogden
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, Elkton Cecil Co Md
8. Full Name of Father, Wm Ogden
9. Father's Occupation, Superintendent C & D E Manuf'g Co Brate Bar Co
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Elias C Price M D.

Address, 953 ~ Meadow Ave

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	10th of December
4. *Place of Birth, (Street and Number)*	Baltimore Md. 847 Peace St.
5. *Full Name of Mother,*	Augusta Boykin.
6. *Mother's Maiden Name,*	Augusta Bremer.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	French Hart Boykin.
9. *Father's Occupation,*	Cigar Maker.
10. *Father's Birthplace,*	Norfolk Va.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Dumbler.
Address,	217. E. N. Schroeder St.
Remarks,	Baltimore

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been christened) its sex, color, the full name and occupation of its parents, date and place of birth. Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 99549

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 9/87
4. Place of Birth, (Street and Number) 918 N Charles St
5. Full Name of Mother, Rachel Pollack
6. Mother's Maiden Name, Rachel Yelowey
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Pollack
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs L Goldsmith

Address, 301 Stirling St

Remarks,

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 10th 1887
4. *Place of Birth, (Street and Number)*	Ramsey st N 937
5. *Full Name of Mother,*	Emma Kuhn
6. *Mother's Maiden Name,*	Emma Stiner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Kuhn
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs L Kelley
Address,	No 2022 Wilkens Ave
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 11 Dec 1881
4. *Place of Birth, (Street and Number)* 1103 Race St
5. *Full Name of Mother,* Annie E. Wagner
6. *Mother's Maiden Name,* A. E. Schmidtberg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* C. L. Wagner
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherena Münch

Address, 800 Leadenhall St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Femail
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	December 11th 1884
4. *Place of Birth, (Street and Number)*	1314 Charles st Baltimore
5. *Full Name of Mother,*	Aggie Franck
6. *Mother's Maiden Name,*	Aggie Kelley
7. *Mother's Birthplace,*	irland
8. *Full Name of Father,*	George Franck
9. *Father's Occupation,*	Glass workman
10. *Father's Birthplace,*	new jersey
Name of Medical Attendant, or other person who makes this Return.	Cathrena Franck
Address,	600 Seadenfeil st.
Remarks,	

Physician or midwife in attendance upon the mother, immediately after the birth of a child, shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLETY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether ~~male~~ or female)
2. Race or color, (if not of the white race)
3. Date of Birth, 11 December.
4. Place of Birth, (Street and Number) 736 Charles.
5. Full Name of Mother, Dora Stichel.
6. Mother's Maiden Name, Religieux.
7. Mother's Birthplace, Jerseys.
8. Full Name of Father, Fred Stichel
9. Father's Occupation, Bakery.
10. Father's Birthplace, Jerseys.

Name of Medical Attendant, or other person who makes this Return. Katz Jersey Municipal

Address, Loudon Hall St 800

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Physician or midwife to fill up the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White.
3. Date of Birth, Dec 11 — 1884
4. Place of Birth (Street and Number), 638 Conway St
5. Full Name of Mother, Alice Hunters.
6. Mother's Maiden Name, Alice Meyers.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Henry Joseph Hunters.
9. Father's Occupation, Salesman
10. Father's Birthplace, Newark, N.J.

Name of Medical Attendant, or other person who makes this Return. Miss Lockard

Address, 10 35 W Pratt street

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 11 – 87
4. *Place of Birth, (Street and Number)*	1640 Mc Elderry st
5. *Full Name of Mother,*	Catherine Chailow
6. *Mother's Maiden Name,*	" Goulaff
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George H. Chailow
9. *Father's Occupation,*	Harness Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Jan. 11-1887
4. *Place of Birth (Street and Number),* 1075 Eutaw
5. *Full Name of Mother,* Mary Louise Meinschein
6. *Mother's Maiden Name,* Mayer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Meinschein
9. *Father's Occupation,* Roseser
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

made under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner as aforesaid, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	December 11th 1887
4. Place of Birth (Street and Number),	No 204 Vincent St.
5. Full Name of Mother,	Michlsky. Teofila ~~Sotrowlsky~~ Schwalz Kyz
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Provinz Preuser
8. Full Name of Father,	John. Michlsky.
9. Father's Occupation,	Cabinetmaker
10. Father's Birthplace,	West Preuser
Name of Medical Attendant, or other person who makes this Return.	Annie Sinder
Address,	No 106 S. Monroe St.
Remarks,	

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 11th 1867
4. Place of Birth (Street and Number),	336 Rose street
5. Full Name of Mother,	Charity Semby
6. Mother's Maiden Name,	— Briscoe
7. Mother's Birthplace,	St Mary County md
8. Full Name of Father,	Charles Semby
9. Father's Occupation,	Waiter
10. Father's Birthplace,	West River md
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	505 Preston st
Remarks,	

SECTION 1.—And be it further enacted, That no interment of a dead body shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

10-22-55

RETURN OF A BIRTH 99559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Gertrude Dinsmore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 Dec 1887
4. Place of Birth, (Street and Number) 924 Hare st
5. Full Name of Mother, Louisa Dinsmore
6. Mother's Maiden Name, Louisa Bannich
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Edward F. Dinsmore
9. Father's Occupation, Seafarer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 1029 Conley st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 12th 1887
4. Place of Birth (Street and Number),	107 Putnam St
5. Full Name of Mother,	Anna Doyle
6. Mother's Maiden Name,	Lambert
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Martin Doyle
9. Father's Occupation,	Iron Worker
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Chas E Foster MD
Address,	2100 Druid Hill Ave
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose Charge of ... register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	6th
1. *Sex,* (*State whether male or female*)	Female.
2. *Race or color,* (*if not of the white race*)	White.
3. *Date of Birth,*	Dec. 12th 1887.
4. *Place of Birth,* (*Street and Number*)	504 Lee St.
5. *Full Name of Mother,*	Martha Virginia Pumphrey.
6. *Mother's Maiden Name,*	" " Fowler.
7. *Mother's Birthplace,*	Calvert Co. Md.
8. *Full Name of Father,*	Aquilla Jackson Pumphrey.
9. *Father's Occupation,*	Detective (Police) Balto City.
10. *Father's Birthplace,*	Ro. J. N. Tall. in Ro.
Name of Medical Attendant, or other person who makes this Return.	
Address,	524 Sharp St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 12 Dec
4. *Place of Birth (Street and Number),* 622 Sterling St.
5. *Full Name of Mother,* Katie Cooper
6. *Mother's Maiden Name,* " Kroner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Cooper
9. *Father's Occupation,* Grocery Store
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Gillig

Address, 1302 Holland Av

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Wht
3. Date of Birth,	13 th
4. Place of Birth (Street and Number),	W. Ryan st
5. Full Name of Mother,	Ida M. Watson
6. Mother's Maiden Name,	Thompson
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Thomas H. Watson
9. Father's Occupation,	Hunter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Jno S. Silbach
Address,	735 W. Pratt st
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 13th Dec. 1
4. *Place of Birth, (Street and Number)* 1104 Myrtle ave.
5. *Full Name of Mother,* Maria Sattler
6. *Mother's Maiden Name,* " Thomas
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernst H. Seltzer
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. G. L. Bordenhol

Address, 418 S. Exeter st.

Remarks,

WM. J. C. JULANY & CO., CITY PRINTERS AND STATIONERS.

1887-8
12

RETURN OF A BIRTH 99565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The Eight
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	the 13 of December
4. Place of Birth (Street and Number),	638 West Baltimore St
5. Full Name of Mother,	Lizzie Bachmann
6. Mother's Maiden Name,	Lizzie Horn
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Louis Bachmann
9. Father's Occupation,	Merchant Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Seelich
Address,	No 735 N Paca St
Remarks,	

SECTION 7.—And be it further enacted and ordained, That every midwife or other person who shall hereafter attend a birth shall, within ten days after the occurrence of such birth, or in case of the absence or inattendance of a midwife or other person at a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	13th of December
4. *Place of Birth, (Street and Number)*	1006 W. Baltimore St
5. *Full Name of Mother,*	Catherine Vildt
6. *Mother's Maiden Name,*	Kneas
7. *Mother's Birthplace,*	Chlum Bohemia
8. *Full Name of Father,*	Mathias Vildt
9. *Father's Occupation,*	Merchant Tailor
10. *Father's Birthplace,*	Pilsen Bohemia
Name of Medical Attendant, or other person who makes this Return.	Mrs Dr Snyder
Address,	217 N Schroeder St
Remarks,	Baltimore

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. G. SUSKY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 13th 1887
4. *Place of Birth, (Street and Number)*	307 N. Stricker St
5. *Full Name of Mother,*	Ella M. Ashby
6. *Mother's Maiden Name,*	Ella M. Newton
7. *Mother's Birthplace,*	Carroll Co. Md
8. *Full Name of Father,*	John E. Ashby
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return.	Amanda J. Norris, M.D.
Address,	871 Harlem Ave
Remarks,	

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99568

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 13 Dec
4. *Place of Birth (Street and Number),* 536 N Central ave
5. *Full Name of Mother,* Mary Brickner
6. *Mother's Maiden Name,* " Vogelein
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Brickner
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Albig

Address, 1302 Holland Ave

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall hereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 9-11-54

RETURN OF A ~~BIRTH~~ 99569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harriet Thomas Neal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 14 - 87
4. *Place of Birth, (Street and Number)*	1713 Jefferson St
5. *Full Name of Mother,*	Madelaine Neal
6. *Mother's Maiden Name.*	" Chambers
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Joseph Neal
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

Baltimore under whose charge or supervision each birth shall hereafter take place shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same shall be ascertained the full name of each child, if any, it shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten or fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1. Sex (state whether male or female),	Female,
2. Race or Color (if not of the white race),	White,
3. Date of Birth,	Dec. 14th 1887.
4. Place of Birth (Street and Number),	318 N. Sarratoga St.
5. Full Name of Mother,	Catherine Esmunder.
6. Mother's Maiden Name,	" Gantz.
7. Mother's Birthplace,	Maryland.
8. Full Name of Father,	Theodore Esmunder,
9. Father's Occupation,	Carpenter.
10. Father's Birthplace,	Maryland.
Name of Medical Attendant, or other person who makes this Return.	E. L. Cockrin M.D.
Address,	807 Monument Ave.
Remarks,	

SECTION 1.—And be it further enacted and ordained [illegible] shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 99571

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 14 87

4. Place of Birth, (Street and Number) 1717 W Balto St

5. Full Name of Mother, Matilda Younger

6. Mother's Maiden Name, Matilda C Clark

7. Mother's Birthplace, Balto Co

8. Full Name of Father, William Younger

9. Father's Occupation, Car Driver

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. Edward H Conda MD

Address, 1403 W Fayette St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall report the same to the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Dec. 14th 1887.
4. *Place of Birth, (Street and Number)*	1107 S. Charles. St.
5. *Full Name of Mother,*	Catherine Mack,
6. *Mother's Maiden Name,*	" Ryan,
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	John A. Mack,
9. *Father's Occupation,*	Tobacconist,
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Talbot, M.D.
Address,	524 Sharp St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth,*	December 14th "
4. *Place of Birth, (Street and Number)*	No 245 Amity Street
5. *Full Name of Mother,*	Anna Ruettinger
6. *Mother's Maiden Name,*	Anna Kirchner
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Michael K Ruettinger
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Bavaria Europe
Name of Medical Attendant, or other person who makes this Return.	Mrs Bonnler
Address,	217 ~~E~~ W. Saratoga St Baltimore
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Dec 14/887
4. Place of Birth, (Street and Number) 1739 Eden Street
5. Full Name of Mother, Mary E. Stevenson
6. Mother's Maiden Name, Barlow
7. Mother's Birthplace, Ohio
8. Full Name of Father, James H. Stevenson
9. Father's Occupation, Upholstery
10. Father's Birthplace, Kentucky

Name of Medical Attendant, or other person who makes this Return. Mary A. Allwell

Address, 912 Fort Borough St.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99575.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 14 - 87
4. *Place of Birth, (Street and Number)*	1828 E Madison
5. *Full Name of Mother,*	Lillie Joslin
6. *Mother's Maiden Name,*	" Kirby
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Alonzo. Joslin
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St.
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	December 12th 1887
4. *Place of Birth, (Street and Number)*	540 Cook Alley.
5. *Full Name of Mother,*	Marion Snowden
6. *Mother's Maiden Name,*	Marion Penson
7. *Mother's Birthplace,*	Eastern Shore
8. *Full Name of Father,*	Wm. Snowden
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Eastern Shore
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A. Butt
Address,	1345 S. Wm. Monument & Caroline av.
Remarks,	All Well.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99577.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), female.
2. Race or Color (if not of the white race), Colored.
3. Date of Birth, Dec 3"
4. Place of Birth (Street and Number), The Lying in Hosp 622 E Lombard st.
5. Full Name of Mother, Annie Wilson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Not Known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Beale M D

Address, 319 N. Monument st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person [illegible] more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the [illegible] of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery, shall keep a true and correct register of such births, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the Commissioner of Health, on the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race),
3. Date of Birth, Dec 5th
4. Place of Birth (Street and Number), Im Lying in Hosp 622 W Lombard
5. Full Name of Mother, Emma Hofman.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Not known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale Jr. M.D.

Address, 519 W. Lexington St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. *Sex (state whether male or female),* female.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 6"
4. *Place of Birth (Street and Number),* The Lying-in Hosp 622 N. Smallwood.
5. *Full Name of Mother,* Lucy Gatton.
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Beale Jun'r

Address, 319 N. Innocent St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person [illegible] more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days [illegible] the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., (Ltd.) Printers and Stationers.

RETURN OF A BIRTH 99580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex.* (State whether male or female)	Female
2. *Race or color,* (if not of the white race)	White
3. *Date of Birth,*	December 9th 1887
4. *Place of Birth,* (Street and Number)	114 Chestnut St.
5. *Full Name of Mother,*	Mary Meyer
6. *Mother's Maiden Name,*	Mary Dietz
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Mary Meyer
9. *Father's Occupation,*	Carpet Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Butt
Address,	1245 Monument St. & Central av.
Remarks,	All Well.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in Baltimore city under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Howard Leitch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec. 10th 1887.
4. *Place of Birth (Street and Number),* #1609 Orleans St.
5. *Full Name of Mother,* Ella Leitch
6. *Mother's Maiden Name,* " Howard
7. *Mother's Birthplace,* Anne Arundel County
8. *Full Name of Father,* John Leitch.
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Anne Arundel County

Name of Medical Attendant, or other person who makes this Return. Geo. L. Penna. Physician

Address, #1038 E. Monument St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* C
3. *Date of Birth,* Dec 11th
4. *Place of Birth (Street and Number),* 622 N. Edmondson Ave. Lying in Hosp.
5. *Full Name of Mother,* Hester Cox
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 N. Eutaw St.

Remarks,

Midwife under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 13th 1887
4. *Place of Birth, (Street and Number)* 220 N. Madison st
5. *Full Name of Mother,* Lillie Dickey
6. *Mother's Maiden Name,* Lillie Snyder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. J. Dickey
9. *Father's Occupation,* Mercha. [illegible]
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. Wm. Gilbertson M.D.

Address, 319 N. Monument st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Office of the Commissioner of Health. And the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99584.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), C
3. Date of Birth, Dec 13
4. Place of Birth (Street and Number), Lying in Hosp. 622 W. Lemmond.
5. Full Name of Mother, Eliza Atwood.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Not known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. D. E. Neale Md

Address, 3 Jg W. Lemmond St

Remarks,

SECTION 7.—And be it further enacted, &c., that every person who shall keep a house for the reception of lying-in women, or shall undertake the charge or superintendence of more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born dead, such fact shall be stated), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 14th 1887
4. *Place of Birth, (Street and Number)*	1637 Madison St.
5. *Full Name of Mother,*	Sallie Mcallister
6. *Mother's Maiden Name,*	Sallie Rainer
7. *Mother's Birthplace,*	Pensilvania
8. *Full Name of Father,*	Calvin Mcallister
9. *Father's Occupation,*	Tanner
10. *Father's Birthplace,*	Cambridge
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Bath
Address,	1245 Monument St & Central av.
Remarks,	All Well

SECTION 7.—And be it further enacted and ordained that every person in charge of any institution, public or private, or the agent, superintendent or other person having charge or control of any building or place where a birth shall hereafter take place, shall keep a true and correct register under whose charge, superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the clerk of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99586

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 14, 1887
4. *Place of Birth, (Street and Number)* 1128 Barclay St
5. *Full Name of Mother,* Lena Dentsch
6. *Mother's Maiden Name,* Lena Isenberg
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Jacob Dentsch
9. *Father's Occupation,* U. S Conductor
10. *Father's Birthplace,* Washington D.C

Name of Medical Attendant, or other Person who makes this Return. Archer Atkinson

Address, Office 311 N. Charles St

Remarks, Chloroform used.

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

John Murphy & Co., City Printers and Publishers.

RETURN OF A BIRTH 99587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (State whether male ~~or female~~)*
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* December 14th 1887.
4. *Place of Birth, (Street and Number)* N. Wolfe St No 539
5. *Full Name of Mother,* Emelia Plänker
6. *Mother's Maiden Name,* Emelia Tackel.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Fredrick Plänker
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Siegholz. Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Muller

Address, N. Dallas St No 114

Remarks,

Baltimore under whose charge or superintendence a birth shall occur shall [illegible] by the Commissioner of Health, and shall enter the same on a blank schedule, to be furnished by the Commissioner of register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Maria Elizabeth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* December 15th
4. *Place of Birth, (Street and Number)* 520 S. Green St
5. *Full Name of Mother,* Tilly Richter
6. *Mother's Maiden Name,* Tilly Naestaeps
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Richter
9. *Father's Occupation,* Telegrapher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Kainch

Address, 800 Leadenhall St.

Remarks,

Baltimore under whose charge or superintendence a birth shall occur, shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec. 15 - 1887
4. *Place of Birth (Street and Number),* 413 S. Spring St
5. *Full Name of Mother,* Mary Buechler
6. *Mother's Maiden Name,* Horne
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Peter Buechler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall cause a return of such birth to be made to the Registrar of Vital Statistics, Board of Health. register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male ~~or female~~)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 15 1898
4. Place of Birth, (Street and Number)	1024 N. Fayette St
5. Full Name of Mother,	Fanny Rosenberg
6. Mother's Maiden Name,	Fanny Lowenthal
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ignatius Rosenberg
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Austria
Name of Medical Attendant, or other Person who makes this Return.	Dr Bernstein
Address,	400 Eutaw St
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such house to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 15th 87
4. Place of Birth, (Street and Number) 524 N. Eutaw St.
5. Full Name of Mother, Mary Loos.
6. Mother's Maiden Name, Mary Hofman
7. Mother's Birthplace, Md
8. Full Name of Father, Henry L Loos.
9. Father's Occupation, Baker
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller. MD

Address, 689 Franklin St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the child of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore Under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd Child

1. Sex. (State whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, December 15 th 1887.
4. Place of Birth, (Street and Number) Forrest St No.
5. Full Name of Mother, Anna Knoepp
6. Mother's Maiden Name, Anna Shuh
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Knoepp
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N. Dallas St No 114

Remarks,

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 16th
4. Place of Birth (Street and Number),	No 5 W Camden st
5. Full Name of Mother,	Lusina Roy
6. Mother's Maiden Name,	Bianchi
7. Mother's Birthplace,	Italy
8. Full Name of Father,	Louis Roy
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	J C Bunch MD
Address,	511 Hanover st
Remarks,	

more under whose charge or superintendence a birth shall happen, or any person who shall refuse or neglect to register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	17th
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec. 16.
4. Place of Birth (Street and Number),	620 Kaby st
5. Full Name of Mother,	Lucy Lee
6. Mother's Maiden Name,	Williams
7. Mother's Birthplace,	Wilmington N C
8. Full Name of Father,	Joseph Lee
9. Father's Occupation,	Cook
10. Father's Birthplace,	St marys County
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Johnson
Address,	710 Tyson stret
Remarks,	

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 16th 1887
4. *Place of Birth, (Street and Number)* 616 Bradford Alley
5. *Full Name of Mother,* Lucca ~~Haumer~~ Yost
6. *Mother's Maiden Name,* Haumer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Daniel Yost
9. *Father's Occupation,* Oyster schucker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Ruly

Address, 1244 Bank st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 16 1887
4. Place of Birth, (Street and Number)	1008 Hillman St
5. Full Name of Mother,	Elizabeth Jones
6. Mother's Maiden Name,	Elizabeth Mill
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jeremiah Jones
9. Father's Occupation,	Grainer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C B Noble M D
Address,	307 Warren ave
Remarks,	

order whose charge or supervision [illegible] shall be furnished by the Commissioner of Health. This schedule shall constitute a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall constitute a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 99597

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 16th 87
4. Place of Birth, (Street and Number) 1042 N Calvert St.
5. Full Name of Mother, Alice M. Gill
6. Mother's Maiden Name, Alice M Mayfield.
7. Mother's Birthplace, Md
8. Full Name of Father, Martin G. Gill
9. Father's Occupation, Merchant.
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Hillis MD.

Address, 639 Franklin St

Remarks,

Section 7—And be it further enacted and ordained that every person practicing midwifery, or any physician under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child (if any shall have been christened,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 16 Dec.
4. *Place of Birth (Street and Number),* 208 N. Bond St.
5. *Full Name of Mother,* Maggie Schlitzberger
6. *Mother's Maiden Name,* " Spanenberger
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Schlitzberger
9. *Father's Occupation,* Candy maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ellis

Address, 1302 Holland St

Remarks,

more under whose charge or supervision a birth occurs, a blank schedule to be furnished by the Commissioner of Health. Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Before Under Which charge of any midwife or other person required to make a return of a birth shall enter the same on a blank schedule to be furnished by the Commissioner of Health, register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	December 17th 87
4. Place of Birth (Street and Number),	No 1606 Lemon St.
5. Full Name of Mother,	Mary Smith
6. Mother's Maiden Name,	~~Mary~~ - Emily
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	~~John~~ James Smith
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Lidner
Address,	No 706 S. Monroe St.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 17 December 1887
4. Place of Birth (Street and Number), 661 Lee Street
5. Full Name of Mother, Charlotte Elizabeth Gillis
6. Mother's Maiden Name, C. E. McCracken
7. Mother's Birthplace, Monaghan Ireland
8. Full Name of Father, M. Gillis
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Monaghan Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Banks Mrs Bange

Address, 211 Cross St.

Remarks,

...ance under whose charge or superintendence a birth shall hereafter occur, and every ... shall ... with ... register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been ascertained), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Dec 17th, 1887.
4. *Place of Birth (Street and Number),* #1106 Somerset St.
5. *Full Name of Mother,* C. B. Foy.
6. *Mother's Maiden Name,* " " Wallace.
7. *Mother's Birthplace,* Harford Co.
8. *Full Name of Father,* B. H. Foy.
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Hanna Hillegeist

Address, #1038 E. Monument St

Remarks,

more under whose charge or superintendence a birth shall occur, shall register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been still-born, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall give notice thereof to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 17th. 1887
4. *Place of Birth, (Street and Number)*	1011 Wilkod's St.
5. *Full Name of Mother,*	Anna Muray.
6. *Mother's Maiden Name,*	Anna Goaten
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Muray
9. *Father's Occupation,*	Shoemaker.
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return	Mrs M. A. Butt
Address,	1245 Monument St. & Central av.
Remarks,	Old Mill.

WM. J. C. DULANY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99603.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 17th 1887.
4. *Place of Birth, (Street and Number)*	No 2118 Essex st
5. *Full Name of Mother,*	Ida Lotta Rowe
6. *Mother's Maiden Name,*	" " Willmer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Oscar Rowe
9. *Father's Occupation,*	Cane Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99604.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 17th 1887
4. *Place of Birth, (Street and Number)* 630 Bank st
5. *Full Name of Mother,* Lizzy Brental
6. *Mother's Maiden Name,* " " Mechelmacth
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Brental
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Daly

Address. 1247 Bank st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] shall comply with the provisions of this section shall be [illegible] fined to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... CITY STEREOTYPERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99605

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Dec 17. 1887
4. Place of Birth (Street and Number),	No 823 Lexington st
5. Full Name of Mother,	Annie Keil
6. Mother's Maiden Name,	Annie Schaub
7. Mother's Birthplace,	Baltimor Md
8. Full Name of Father,	George. Keil
9. Father's Occupation,	Steamer fiter
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Wm Schaub
Address,	No 735 W Pratt st
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (State whether ~~male or~~ female)
2. Race or color, (if not of the white race) Colored
3. Date of Birth, December 17th 1887
4. Place of Birth, (Street and Number) Orleans St No 1707.
5. Full Name of Mother, Rossetta Murray
6. Mother's Maiden Name, Rossetta Brisco
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Murray
9. Father's Occupation, ~~Baltimore~~ City Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N Dallas St No 114

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ANN J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* C
3. *Date of Birth,* Dec 18"
4. *Place of Birth (Street and Number),* The Syngin Hosp. 622 W. Saratoga.
5. *Full Name of Mother,* Nellie Smith.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto,
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Beale M.D.

Address 319 W. Lexington St

Remarks,

more under whose charge of superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every birth that shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, it any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 11th Child
1. *Sex, (State whether male or female)*	Maile Child
2. *Race or color, (if not of the white race)*	Colloud
3. *Date of Birth,*	December 18th 1887
4. *Place of Birth, (Street and Number)*	Baltimore. 559 W. Biddle St.
5. *Full Name of Mother,*	Sarah Robinson
6. *Mother's Maiden Name,*	Sarah Smith.
7. *Mother's Birthplace,*	St Marys County. M. D.
8. *Full Name of Father,*	Lewis G Robinson
9. *Father's Occupation,*	Cigar Maker.
10. *Father's Birthplace,*	Baltimore. M. D.
Name of Medical Attendant, or other person who makes this Return.	Celestial. Cook
Address,	1008 Shields Alley City
Remarks.	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99609.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. *Sex, (State whether male or female).*	Female.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 18th 1887
4. *Place of Birth, (Street and Number)*	No 320 Washington st
5. *Full Name of Mother.*	Catherine Lewis
6. *Mother's Maiden Name,*	" Kehoe
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Samuel Lewis
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Kelly
Address,	No 611 Patterson Park Ave
Remarks,	

register of such birth, and shall enter the same on a blank ... This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the same penalties for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th Dec
4. *Place of Birth, (Street and Number)*	1102 Patapsco st
5. *Full Name of Mother,*	Mary Ann Hays
6. *Mother's Maiden Name,*	Mary Ann Baxter
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Columbus H Hays
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	1029 Conley st
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person [illegible] for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th CHARLES ITTNER
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Dec. 18th
4. *Place of Birth, (Street and Number)*	846 St. Peter st.
5. *Full Name of Mother,*	Amelia Ittner
6. *Mother's Maiden Name,*	" Beinecke
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John G. Ittner
9. *Father's Occupation,*	Locksmith
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	L. L. Gaddenhorn
Address,	418 L. Pacca st.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Roland Otto Zentgraf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	white race
3. Date of Birth,	December the 12th - 1887
4. Place of Birth, (Street and Number)	Baltimore Catalpa St No 164
5. Full Name of Mother,	anne zentgraf
6. Mother's Maiden Name,	foster
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	august zentgraf
9. Father's Occupation,	Baker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hutchins
Address,	Light St No 1514
Remarks,	GIVEN NAME ADDED 12-14-53. L. M.

Register of said City shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person so neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (State whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, December 18th 1887
4. Place of Birth, (Street and Number) Orleans St No 2000
5. Full Name of Mother, Emma Rudolph
6. Mother's Maiden Name, Emma Nickle
7. Mother's Birthplace, Philadelphia, Pa.
8. Full Name of Father, Ferdinant Rudolph
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Marx E. Muller

Address, N. Dallas St No 114

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished for the purpose by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 99614.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 19. 1887
4. Place of Birth, (Street and Number) 209 Lloyd St
5. Full Name of Mother, Emma Lockwood
6. Mother's Maiden Name, Emma Lehmer
7. Mother's Birthplace, Balto Md
8. Full Name of Father, W. H. Lockwood
9. Father's Occupation, Shoefitter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Henry Chandlee MD

Address. 819 Linden Ave

Remarks,

The undersigned shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIRST & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99615.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 19 — 1887
4. *Place of Birth (Street and Number),* Little Gough St.
5. *Full Name of Mother,* Emma A. Sperow
6. *Mother's Maiden Name,* Gagetine
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Sperow
9. *Father's Occupation,* Cane Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St

Remarks,

register of each birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Vital Statistics. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the death of any child shall occur between the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99616.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 15th 1887
4. Place of Birth (Street and Number),	568 Orchard street
5. Full Name of Mother,	Mary Spriel
6. Mother's Maiden Name,	Mary Hall
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Albert Spriel
9. Father's Occupation,	Barber
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	565 Preston street
Remarks,	

The attendant of each birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Vital Statistics for the register of such births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99617.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	December the 19th
4. *Place of Birth, (Street and Number)*	Baltimore corner St Mo 14 4
5. *Full Name of Mother,*	ada lewis
6. *Mother's Maiden Name,*	Kinnan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John lewis
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant or other person who makes this Return.	Elizabeth Heathorn
Address,	light St corner St Mo 15 14
Remarks,	

register of such birth and shall enter the same on a blank to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... BRANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99618.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th Child

1. Sex, (State whether male ~~or female~~).
2. Race or color, (if not of the white race) White
3. Date of Birth, December 19th 1887.
4. Place of Birth, (Street and Number) E. Fayette St No 1803.
5. Full Name of Mother, Margaretha Hörr
6. Mother's Maiden Name, Margaretha Kaumann
7. Mother's Birthplace, Pittsburg, Pa.
8. Full Name of Father, John Hörr.
9. Father's Occupation, Clergyman
10. Father's Birthplace, Pittsburg, Pa.

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

register of such birth, and shall enter the same on a blank schedule furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99619.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 16th of December

4. *Place of Birth, (Street and Number)* Shealand St. # 206

5. *Full Name of Mother,* Fannie Hadley

6. *Mother's Maiden Name.* Fannie Saladrone

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Lewis Scott

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Medical Harriet Jackson

Address, 1016 Douglas Street

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90620.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Glaeser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, December 3/87
4. Place of Birth, (Street and Number) No 604 S. Wolf St.
5. Full Name of Mother, Augusta (~~Kaiser~~) Glaeser
6. Mother's Maiden Name, Kaiser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles (~~Glaeser~~) Glaeser
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington Ave.

Remarks, CERTIFICATE CORRECTED 1-14-54
4. PM

register of such birth, and shall write the same on a blank certificate, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99621.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	December 7/87
4. *Place of Birth, (Street and Number)*	No 405 S. Bigham St.
5. *Full Name of Mother,*	Annie Sager
6. *Mother's Maiden Name,*	Remlain
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Sager
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Louise Krapf
Address,	No 405 S. Washington St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the payment of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99622.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	December 7/97
4. *Place of Birth, (Street and Number)*	No 1022 Chesapeake Ave Canton
5. *Full Name of Mother,*	Minnie Werner
6. *Mother's Maiden Name,*	Theele
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Werner
9. *Father's Occupation,*	Fruit Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Mrs. Louise Kraft.
Address,	No 405 S. Washington Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99623.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	December 7/87
4. *Place of Birth, (Street and Number)*	No 300 S. Caroline St.
5. *Full Name of Mother,*	Mary Pfeiffer
6. *Mother's Maiden Name,*	Ehler
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Adam Pfeiffer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should the said person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99624.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	December 8/82
4. *Place of Birth, (Street and Number)*	No 427 S. Bond St.
5. *Full Name of Mother,*	Mary Woytowitz
6. *Mother's Maiden Name,*	Debdolk
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Vincent Woytowitz
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99615.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	4 December 13/87
4. *Place of Birth, (Street and Number)*	No 324 S. Wolf St.
5. *Full Name of Mother,*	Lisbeth Fleckenstein
6. *Mother's Maiden Name,*	Sakseker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jakob Fleckenstein
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant or other person who makes this Return	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

REGISTER of Births. The Registrar shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. E. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99626.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 16th 1899
4. *Place of Birth, (Street and Number)* 2208 East Lombard
5. *Full Name of Mother,* Georgia Lynch Kirwin
6. *Mother's Maiden Name,* Georgia Lynch
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm Kirwin
9. *Father's Occupation,* Packer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Jno A Bevington

Address, Broadway & Lancaster

Remarks,

under whose charge or superintendence a birth shall occur shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99617.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or color, if not of the white race)*
3. *Date of Birth,* December 18/87
4. *Place of Birth (Street and Number)* No 1024 Eastern Ave
5. *Full Name of Mother,* Mary Beck
6. *Mother's Maiden Name,* Darkinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Beck
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Keefe.

Address, No 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99638.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 29/87
4. Place of Birth, (Street and Number) 103 Bank H
5. Full Name of Mother, Rosa Azmon
6. Mother's Maiden Name, Rosa Epstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Abris Azmon
9. Father's Occupation, Baker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Mo & Goldman

Address, 301 Shank R

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the street and number where born. The schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

99629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 20th 1897.
4. *Place of Birth, (Street and Number)*	303 Hoffman St
5. *Full Name of Mother,*	Mary E. Ruth
6. *Mother's Maiden Name,*	Phipps
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Thos. De G. Ruth
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Queen Ann Md
Name of Medical Attendant, or other Person who makes this Return.	James Bacon M D
Address,	Cor Arlington & Lafayette Aves
Remarks,	

Any person who shall neglect to enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

99630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	20 Dec 1887
4. Place of Birth (Street and Number),	No 2 Parkin st
5. Full Name of Mother,	Wilhemina Rusting
6. Mother's Maiden Name,	" Jung
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Julius Rusting
9. Father's Occupation,	shoe maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs E Ensor
Address,	No 735 N Pratt st
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the ... and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day ... each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without ... the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the ... mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to ... the Commissioner of Health, in the manner and within the time above required, and any such person or persons ... who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars ... for each offense, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 9061.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race)
3. Date of Birth, Dec 20 th 1887
4. Place of Birth, (Street and Number) 1707 Lankaster St
5. Full Name of Mother, Selma Kutzmon
6. Mother's Maiden Name, Gepheart
7. Mother's Birthplace, Germany
8. Full Name of Father, Otto Kutzman
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bely

Address, 1714 Bunker

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 20th 1887
4. Place of Birth, (Street and Number)	1456 Batty av
5. Full Name of Mother,	Mary L. Diving
6. Mother's Maiden Name,	Millenburg
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jas F. Diving
9. Father's Occupation,	Tinner
10. Father's Birthplace	Norfolk Va
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and accurate record of the same, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child (29632.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Fair Brown Skin
3. Date of Birth, December the 20 1887
4. Place of Birth, (Street and Number) Baltimore Toomey Lane 916
5. Full Name of Mother, Laura V Ryan
6. Mother's Maiden Name, Laura V Hull
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Lytton J Ryan
9. Father's Occupation, Laboring Man
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mother Cornish

Address, Toomey Lane between Pulaski Street & Schroeder St

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of the parents, the day and any name shall have been conferred, his sex, color, the full name and occupation of the parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other debts and penalties are recoverable.

...T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99634.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	4th
1. *Sex*, (*state whether male or female*)	female
2. *Race or color*, (*if not of the white race*)	white
3. *Date of Birth*,	Dec 20th
4. *Place of Birth*, (*Street and Number*)	312 E. Lanvale st.
5. *Full Name of Mother*,	Lena Becker
6. *Mother's Maiden Name*,	" Levitt
7. *Mother's Birthplace*,	Balto.
8. *Full Name of Father*,	Charles Becker
9. *Father's Occupation*,	jeweler
10. *Father's Birthplace*,	Balto.
Name of Medical Attendant, or other person who makes this Return.	C. L. Baddenhausen
Address,	418 L Pacca st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth, the 20 Desember
4. Place of Birth, (Street and Number) 131 Gitting Street
5. Full Name of Mother, Frete Gunter
6. Mother's Maiden Name, Mund
7. Mother's Birthplace, Ober ...
8. Full Name of Father, Carl Gross Gunter
9. Father's Occupation, Tailor Rock School Baker
10. Father's Birthplace, Odenwald

Name of Medical Attendant, or other person who makes this Return. Ephesus Münch

Address, 220 Leadenhall St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are now recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 20 [illegible]
4. Place of Birth (Street and Number),	922 Ryan St
5. Full Name of Mother,	Annie ~~Murphy~~ McGuire
6. Mother's Maiden Name,	Annie Murphy
7. Mother's Birthplace,	Wexford Ireland
8. Full Name of Father,	John McGuire
9. Father's Occupation,	Iron Moulder
10. Father's Birthplace,	Wexford Ireland.
Name of Medical Attendant, or other person who makes this Return.	Mrs H Sedack
Address,	No 735 N Pratt Ext
Remarks,	

Any midwife or other person who shall neglect or refuse to report the birth, sex, color, the full name and occupation of its parents, the date and place of birth; and to said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99637

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth* 21 Dec
4. *Place of Birth, (Street and Number)* 112 Welcome alley
5. *Full Name of Mother,* Maggie Bailey
6. *Mother's Maiden Name,* Madison Dilliday
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* John Bailey
9. *Father's Occupation,* Stuck Carter
10. *Father's Birthplace,* Easton Shore for Va

Name of Medical Attendant, or other Person who makes this Return. Emily Pinard

Address, 123 Welcome alley

Remarks, No Remarks

under whose charge of Superintendence such child is born, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99638

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	December 20 Baltimore
4. Place of Birth (Street and Number),	Jefferson St 2418
5. Full Name of Mother,	Araella Creagh
6. Mother's Maiden Name,	Araella Armstrong
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edward Creagh
9. Father's Occupation,	Brass Bilder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Frances E Rice
Address,	604 Patterson Park Ave
Remarks,	

Register of such birth, and shall enter on the certificate the date of registration. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the assistance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99639

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 20th 1887
4. Place of Birth (Street and Number),	No 56 Williamson St
5. Full Name of Mother,	Kate Roth
6. Mother's Maiden Name,	" Key
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm Roth
9. Father's Occupation,	Agent
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Augusto Bosien.
Address,	927 South Sharp St.
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery as above, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99640

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 Dec 1897

4. Place of Birth, (Street and Number) 256 Biddle St

5. Full Name of Mother, Helene Wernsthagen

6. Mother's Maiden Name, Helene Steer

7. Mother's Birthplace, Wilmington Del

8. Full Name of Father, Otto Wernsthagen

9. Father's Occupation, Druggist

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Dr. Heitmann M.D.

Address, 254 East St Baltimore

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Isaac Murphy & Co., Baltimore Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — 99641

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 21st December
4. Place of Birth, (Street and Number) 1123 Bloss Street
5. Full Name of Mother, Sarah Lee
6. Mother's Maiden Name, Sarah Lee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Lee
9. Father's Occupation, Laboring
10. Father's Birthplace, Pendleton

Name of Medical Attendant, or other Person who makes this Return. Hassie Jackson

Address, 1116 Dunglass

Remarks,

and must enter the ... list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents or guardian of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

... Murphy ... Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Robert O'Neil~~ Ellis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 99642

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, (2d) December 15, 1887
4. Place of Birth, (Street and Number) 1245 Edmondson Ave.
5. Full Name of Mother, Lillie Ellis
6. Mother's Maiden Name, Lillie Ellis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Ellis
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Maria Jackson

Address, 916 Douglass Ave.

Remarks,

and shall enter the ... list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 4th and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 2. Child
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	Colo
3. *Date of Birth,*	21 of December
4. *Place of Birth, (Street and Number)*	803. Plumalley
5. *Full Name of Mother,*	Iss bell Ramsou
6. *Mother's Maiden Name*	Iss bell Watter
7. *Mother's Birthplace,*	for jimyur Coutry
8. *Full Name of Father,*	Henry Ramsou
9. *Father's Occupation,*	Steve dow
10. *Father's Birthplace,*	for jimyer Coutry
Name of Medical Attendant, or other person who makes this Return.	Mullen Gross
Address,	929. York Street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99644

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether male or female),* female.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 21"
4. *Place of Birth (Street and Number),* The Lying in Hosp 622 W Lanvale St.
5. *Full Name of Mother,* Virginia Palmer.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Not known.
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Seale M.D.

Address, 319 W. Lanvale St

Remarks,

Register of same births, and shall enter in such list all the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 99645

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* December 21, 1887
4. *Place of Birth, (Street and Number)* 15 N. Schroeder St.
5. *Full Name of Mother,* Celia A Levering.
6. *Mother's Maiden Name,* Celia A. Roche
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. Levering
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hinte

Address, 23 N Poppleton St

Remarks,

Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub[illegible]

J. J. MURPHY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99646.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 21

4. Place of Birth, (Street and Number) 323 Forest st.

5. Full Name of Mother, Sarah Walker

6. Mother's Maiden Name, Sallie Sarah Walker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Walker

9. Father's Occupation, Laboring

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 1016 Douglass

Remarks,

Each of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for such offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 9964

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 9/21 December
4. Place of Birth, (Street and Number) 1121 McDonell Court
5. Full Name of Mother, Annie E Sarah Benson
6. Mother's Maiden Name, A E Saunders
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Henry Benson
9. Father's Occupation, Color
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriett Lockerman attended

Address, 1116 Durgan st

Remarks,

Any physician, midwife, or other person required by the provisions of this act to report the birth of any child, who shall neglect or refuse to report the same as required, shall forfeit and pay for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99648.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the [illegible] and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 21 — 1887
4. *Place of Birth (Street and Number),* 1310 Ensor St.
5. *Full Name of Mother,* Josephine Ely
6. *Mother's Maiden Name,* Lang
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Jacob Ely
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

e Baltim e Publishing Co. City Printers and Stationers.

RETURN OF A BIRTH 99649.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 21th 887
4. *Place of Birth, (Street and Number)* 1201 Chester st
5. *Full Name of Mother,* Mary Hoshit
6. *Mother's Maiden Name,* Slaughter
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Learnhart Hoshit
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Lizzy Roby

Address, 1244 Bank st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

PRINTED AND STATIONERS

RETURN OF A BIRTH 99650.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 21 1887
4. *Place of Birth, (Street and Number)*	902. Light St
5. *Full Name of Mother,*	Lizzie Deere
6. *Mother's Maiden Name.*	Lizzie Fisher
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Henry Deere
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	H Bohlen MD
Address,	207 Hanover
Remarks,	

hat of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (or if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered."

RETURN OF A BIRTH 99651.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under the care of the person making the return, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 99651.
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	
3. Date of Birth,	December 21st
4. Place of Birth (Street and Number),	Boyd. above 12th
5. Full Name of Mother,	Pauline Barthaus
6. Mother's Maiden Name,	Gable
7. Mother's Birthplace,	Middleburg Lafayette Co. Mo
8. Full Name of Father,	Louis Barthaus
9. Father's Occupation,	Tyer
10. Father's Birthplace,	Vienna Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. W. Maennel Midwife
Address,	923 Poma ave
Remarks,	

RETURN OF A BIRTH

9965.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 21st 1887
4. *Place of Birth, (Street and Number)*	1103 E. Monument St
5. *Full Name of Mother,*	Mary C. McCarrier
6. *Mother's Maiden Name,*	Mary Combs
7. *Mother's Birthplace,*	Monroe City. Mo.
8. *Full Name of Father,*	James McCarrier
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return.	Amanda I. Norris M.D.
Address,	871 Harlem Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to give information of the same in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUTHRIE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the residence of each and every mouth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 9 to 53.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* December 21 1911
4. *Place of Birth (Street and Number),* 1003
5. *Full Name of Mother,* Jane Fitzpatrick
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin Fitzpatrick
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Jane Taylor

Address, 1 W. Fayette St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 22 – 1887
4. *Place of Birth, (Street and Number)*	No 1502 N. Stricker St
5. *Full Name of Mother,*	Malinda J. Ross
6. *Mother's Maiden Name,*	" " Young
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Harry D. Ross
9. *Father's Occupation,*	Organ Builder
10. *Father's Birthplace,*	Balti
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donough St
Remarks,	

Every midwife or other person who shall assist at the birth of any child, of any shall have been concerned the sex, color, the full name and occupation of its parents the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten to fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or ten (or some) for each offence, to be recovered as other fines are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 22 ed. 1887
4. *Place of Birth, (Street and Number)*	701 Stirling St.
5. *Full Name of Mother,*	Mary Minnekun
6. *Mother's Maiden Name,*	Mary Engel
7. *Mother's Birthplace,* Balto.	Henry Minnekun
8. *Full Name of Father,*	Cigar
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	N Washington
Name of Medical Attendant, or other person who makes this Return.	No. 4 Butt
Address,	1245 Monument St. & Central av.
Remarks,	All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 22d 1887
4. Place of Birth, (Street and Number) 843 Boyd st
5. Full Name of Mother, Lucy Galt
6. Mother's Maiden Name, Bennett
7. Mother's Birthplace, St Mary's Co. Md
8. Full Name of Father, Frank Washington Galt
9. Father's Occupation, Teamster
10. Father's Birthplace, St Mary's Co. Md.

Name of Medical Attendant, or other Person who makes this Return. H. K. Wehner M.D.

Address, 814 N. Lombard St.

Remarks, Child was born prematurely at about 8th month of Gestation and died in course of 20 hours.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	Ninth, including two dead
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday December 22, 1887
4. *Place of Birth, (Street and Number)*	#40 E. Cross St.
5. *Full Name of Mother,*	Elizabeth Hoffman.
6. *Mother's Maiden Name,*	Elizabeth Kaiser
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Hoffman
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Cathrena Stünsch
Address,	700 Sendenhall St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred within the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under the observation of the person making the return, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec. 22, 1887
4. Place of Birth (Street and Number), 129 S. Poppleton St.
5. Full Name of Mother, Gertrude Warth
6. Mother's Maiden Name, Creamer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Warth
9. Father's Occupation, Machinist.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. H. L. Knipp M.D.

Address, 513 Scott St.

Remarks,

RETURN OF A BIRTH 99659.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Color
3. Date of Birth,	22nd December 1887
4. Place of Birth (Street and Number),	1104 Bolton alley
5. Full Name of Mother,	Martha Ann Mitchell
6. Mother's Maiden Name,	Martha Ann Burgess
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Thomas H. Mitchell
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Lynchburg Va.
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Fayson Street
Remarks,	

Register of such birth, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each succeeding month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99660.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* December 22/82
4. *Place of Birth, (Street and Number)* № 403 S. Durham St.
5. *Full Name of Mother,* Mary Dittelmair
6. *Mother's Maiden Name,* Phillipps
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jakob Dittelmair
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, № 405 S. Washington St.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79661.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* December 22/87
4. *Place of Birth, (Street and Number)* No 406 S. Caroline St.
5. *Full Name of Mother,* Mary Muth
6. *Mother's Maiden Name,* Beinbels
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Muth
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79662.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	December 22nd 1887
4. Place of Birth (Street and Number),	No 3168 Wilmer St Balto City Md
5. Full Name of Mother,	Theresa Maggie Kerney
6. Mother's Maiden Name,	Theresa Maggie Sears
7. Mother's Birthplace,	Baltimore City Maryland
8. Full Name of Father,	Charles Baker Kerney
9. Father's Occupation,	Coppersmith Tender
10. Father's Birthplace,	Baltimore City Maryland
Name of Medical Attendant, or other person who makes this Return.	Annie Lindsey
Address,	No 1166 S. Monroe St.
Remarks,	

more than three months after birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99663.

Over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 22 - 1897
4. *Place of Birth (Street and Number),* 6 N. Bond St.
5. *Full Name of Mother,* Anna F. (Togt) Vogts
6. *Mother's Maiden Name,* (Michael) Michel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J. H. (Togt) Vogts
9. *Father's Occupation,* Commercial Tourist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E. Pratt

Remarks, Full name of child - Bertha Vera Vogts

Register of such births, and [illegible] This schedule shall contain a list of the births which have occurred since his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 22nd 1897
4. *Place of Birth, (Street and Number)* 2001 Chester st.
5. *Full Name of Mother,* Lizzy Schmit
6. *Mother's Maiden Name,* " " Culz
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Georg Schmit
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Lizzy Roby

Address, 1744 Bank st

Remarks,

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registry of each birth, and shall enter the name of a child who may be born alive, and of each fetus which has advanced to the fifth month of gestation, which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Dark Colored
3. *Date of Birth,* 22 Second
4. *Place of Birth, (Street and Number)* 214 S. Durham Street
5. *Full Name of Mother,* Henretta Moore
6. *Mother's Maiden Name,* Henrietta Singleton
7. *Mother's Birthplace,* Easton
8. *Full Name of Father,* Daniel Tomas Moore
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizebeth Mondoney

Address,

Remarks,

under whose charge [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99666

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color race
3. *Date of Birth,* [illegible] 22
4. *Place of Birth, (Street and Number)* 101 Dallas Street
5. *Full Name of Mother,* Berninia Michel
6. *Mother's Maiden Name,* Berninia Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eligzia Michel
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizzeth Mooneney

Address,

Remarks,

and shall enter the same on a book to be provided for the purpose, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule furnished by the Commissioner for the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d. 99667
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	Dec 25th 1887.
4. Place of Birth (Street and Number),	1623 W Lexington st.
5. Full Name of Mother,	Bettie A Glenn.
6. Mother's Maiden Name,	Bettie A Ralph
7. Mother's Birthplace,	West Va.
8. Full Name of Father,	Harry C Glenn.
9. Father's Occupation,	Cutter of Clothing
10. Father's Birthplace,	Richmond Va
Name of Medical Attendant, or other person who makes this Return.	John D Pennington MD
Address,	804 N Carrollton Av.
Remarks,	

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth 99668

1. Sex (state whether male or female), ~~White~~ Male

2. Race or Color (if not of the white race), White

3. Date of Birth, December 22 th 1887

4. Place of Birth (Street and Number), 1604 Shakespheare St

5. Full Name of Mother, Annie ~~Slawetenska~~ Paulik

6. Mother's Maiden Name, Annie Slawetenska.

7. Mother's Birthplace, Bohemia, Austria.

8. Full Name of Father, Anton Paulik

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia Austria

Name of Medical Attendant, or other person who makes this Return. Mary Postal

Address, No 830 S. Bond St Balto.

Remarks,

This schedule shall contain a list of the births which have occurred under the care of each practitioner during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been still-born, that fact shall be stated,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH, 99669

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend cases of [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 22 1887
4. Place of Birth, (Street and Number) 622 N. Gilmor St
5. Full Name of Mother Bessie Ripple
6. Mother's Maiden Name Henderson
7. Mother's Birthplace Hancock — Maryland
8. Full Name of Father John Newcomer Ripple
9. Father's Occupation Merchant
10. Father's Birthplace Washington County — Maryland

Name of Medical Attendant, or other Person who makes this Return. H. L. Fulchner

Address 1401 Linden Ave

Remarks Charles Henderson Ripple

RETURN OF A BIRTH 99670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 = Forth

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 27 December
4. *Place of Birth (Street and Number),* Baltimore · Wyeth · N. 636
5. *Full Name of Mother,* Katie Niser
6. *Mother's Maiden Name,* Katie Miller
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Phillip Niser
9. *Father's Occupation,* Brick Maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Bunge

Address, 711 Cross St

Remarks,

register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 22 d 1897
4. Place of Birth (Street and Number),	560 Piggot st
5. Full Name of Mother,	Minnie Kendall
6. Mother's Maiden Name,	Minnie Taylor
7. Mother's Birthplace,	Essex County Virginia
8. Full Name of Father,	Samuel Kendall
9. Father's Occupation,	Cook.
10. Father's Birthplace,	Howard County md
Name of Medical Attendant, or other person who makes this Return.	Hester Cotance
Address,	508 Paston st
Remarks,	

This schedule shall contain a list of the births which have occurred [illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been christened), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 22d 1887
4. Place of Birth (Street and Number),	1116 Callendar st
5. Full Name of Mother,	Matilda Johnson
6. Mother's Maiden Name,	Matilda Reed
7. Mother's Birthplace,	Eastern shore md
8. Full Name of Father,	Peter Johnson
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Eastern Shore md
Name of Medical Attendant, or other person who makes this Return.	Hester Colence
Address,	508 Preston st
Remarks,	

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 23 — 99673

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, Dec 23 1897
4. Place of Birth, (Street and Number) Fremont av 765
5. Full Name of Mother, Sally Williar
6. Mother's Maiden Name, Sally Cornish
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Williar
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Eliza Cornish

Address, 947 Lonsdale Lane

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Pearl Rochester

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd 99674
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec. 23rd. 1887
4. *Place of Birth, (Street and Number)*	406 Shorter St.
5. *Full Name of Mother,*	Effie Rochester
6. *Mother's Maiden Name,*	Effie Heef.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James Rochester
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Union County
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Butt
Address,	1245 Monument St. & Central av.
Remarks,	All Well GIVEN DUE ABOUT 1-19-53.

th. This schedule shall contain a list of the births which have occurred under his or her care during the
, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
day of each and every month to the office of the Commissioner of Health. [illegible] of any
[illegible] of a physician or practitioner or midwifery, or should no other person be in
dance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
to report its birth to the Commissioner of Health, in the manner and within the period above required, and
such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th 99675

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 23rd 1887
4. *Place of Birth, (Street and Number)* 226 Inman Ave
5. *Full Name of Mother,* Emma S. Smith
6. *Mother's Maiden Name,* Emma Creighton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph H. Smith
9. *Father's Occupation,* Captain Steam Packet
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. E. W. Hildebrecht M.D.

Address, 819 W. Lanvale St

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of such child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 99676

1. Sex (state whether male or female), female.
2. Race or Color (if not of the white race),
3. Date of Birth, Dec 23rd
4. Place of Birth (Street and Number), In Lying in Hos 622 N Amond.
5. Full Name of Mother, Emma Kenny.
6. Mother's Maiden Name, Not known
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Kenny.
9. Father's Occupation, Labour
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. L. E. Seale M. D.

Address, 519 N. Monument St

Remarks,

This schedule shall contain a list of the births which have occurred under the care of the undersigned during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Mary Ellen Clarkson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex, (State whether male or female)	Female.
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	Dec. 23d. 1887.
4. Place of Birth, (Street and Number)	1447 Light St.
5. Full Name of Mother,	Anna E. Clarkson.
6. Mother's Maiden Name,	" " Elder.
7. Mother's Birthplace,	Balto. City.
8. Full Name of Father,	Joseph A. Clarkson.
9. Father's Occupation,	Engineer.
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Tull. M.D.
Address,	524 Sharp St.
Remarks,	

Health. This schedule shall contain a list of the births [illegible] the full name of each child, if any shall have been ascertained the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 23 December
4. *Place of Birth, (Street and Number)* 10 Chestnut A. St
5. *Full Name of Mother,* Mary Robinson
6. *Mother's Maiden Name,* Mary Robinson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Robinson
9. *Father's Occupation,* Seafaring
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Jackson

Address, 106 Douglass St.

Remarks

List of the births which have occurred under his or her care during the month, and must set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the death of any child shall occur without the attendance of a practitioner, or midwife, the parent or parents shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Dec 28 1887
4. Place of Birth, (Street and Number) 1783 Monroe st
5. Full Name of Mother, Antonia Compta
6. Mother's Maiden Name, " " Stefan
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Compta
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Baty.

Address, 1784 Bank st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins 1st.

1. *Sex (state whether male or female),* females
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Dec. 23rd, 1887
4. *Place of Birth (Street and Number),* 2410 Block St.
5. *Full Name of Mother,* Rose Quinn
6. *Mother's Maiden Name,* Rose Lacy
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Luke Quinn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary E. Sawyer

Address, 734 Lyndenst

Remarks,

RETURN OF A BIRTH 99681.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 28th 1887.
4. *Place of Birth (Street and Number),* No 1416 Garrett Ave.
5. *Full Name of Mother,* Helen Pachmayr.
6. *Mother's Maiden Name,* " " Hauk.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Maximillian Pachmayr.
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Downward.

Address, No 1440 Hull St.

Remarks,

This Return must be filled up as far as the name can be ascertained; the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

97682.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	December 23 Baltimore 1887
4. Place of Birth, (Street and Number)	756 W. Fayette St.
5. Full Name of Mother,	Mary V. Carter
6. Mother's Maiden Name.	" J " Owens
7. Mother's Birthplace,	Baltimore
8. Full Name of Father;	John S. Carter
9. Father's Occupation,	Farmer
10. Father's Birthplace,	Kent Island
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hunter
Address,	23 N. Poppleton St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

99683.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) December 24th 1887.

1. Sex, (state whether male or female) Colored Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth December 24th 1887.
4. Place of Birth, (Street and Number) 211 Chestnut St.
5. Full Name of Mother, Matilda Bailey.
6. Mother's Maiden Name, Matilda Williams.
7. Mother's Birthplace, 211 Chestnut St. Baltimore City
8. Full Name of Father Isaac Bailey
9. Father's Occupation, Oystershucker.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Annie Rufs attention

Address,

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. Such schedule shall contain the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be, either fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 97684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24/07
4. Place of Birth, (Street and Number) 817 Hanover St
5. Full Name of Mother, Annie Starks
6. Mother's Maiden Name, Annie Magowitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Starks
9. Father's Occupation, Painter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Mrs K Goldsmith

Address, 301 Stiles St

Remarks,

List of the births which have occurred under his or her care during the month, and shall state as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...ge Bisney & Co., City Printers and Stationers.

RETURN OF A BIRTH 79685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 24th 1897
4. Place of Birth (Street and Number),	1919 Druid Hill Ave
5. Full Name of Mother,	Maggie Atkinson
6. Mother's Maiden Name,	Corry
7. Mother's Birthplace,	Philadelphia
8. Full Name of Father,	Harry G Atkinson
9. Father's Occupation,	Jeweler
10. Father's Birthplace,	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler
Address,	2100 Druid Hill Ave
Remarks,	

Register of such births, and shall make a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his of her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his of her care during the month. and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been con- and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been con- and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been con- and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been con- ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons the Commissioner of Health, in the manner and within the period above required, and any such person or persons the Commissioner of Health, in the manner and within the period above required, and any such person or persons the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. for each offence, to be recovered as other fines and forfeitures are recoverable. for each offence, to be recovered as other fines and forfeitures are recoverable. for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec. 24/87
4. Place of Birth (Street and Number),	17 S. Exeter
5. Full Name of Mother,	Katie V. Shoemaker
6. Mother's Maiden Name,	" " Smith
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Milton Shoemaker
9. Father's Occupation,	Potter
10. Father's Birthplace,	Penna.
Name of Medical Attendant, or other person who makes this Return	Rev. Mansfield M.D
Address,	129 S Broadway
Remarks,	

This schedule shall contain a list of the births which have occurred under the observation of the person making the return, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 24th 1887.
4. Place of Birth (Street and Number),	1224 N Eden St.
5. Full Name of Mother,	Anna E Cann.
6. Mother's Maiden Name,	Anna E. Genuel.
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	John N Cann.
9. Father's Occupation,	Paper Carrier.
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	John D Pennington MD.
Address,	804 N Carrollton Av
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 2-14-34

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Benjamin Harrison Heath (Col't 99688.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulo
3. Date of Birth, December 24th 1887
4. Place of Birth, (Street and Number) 123 Brenmount ave
5. Full Name of Mother, Sarah A. Heath
6. Mother's Maiden Name, Sarah Read
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward H. Heath
9. Father's Occupation, Oyster dealer
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Dr. James E. Whitesford, 819 ASQUITH STREET, BALTIMORE, MD.

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under the observation of the person making the return during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PHIL. A. CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

99187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the
d shall set forth as far as the same can be ascertained the full name of each child, if any shall have
rred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
ale shall be delivered daily signed by the practitioner in the form of a certificate between the first and
of each and every month to the office of the Commissioner of Health. In case the birth of any child
r without the attendance of a physician or practitioner of midwifery, or should no other person be in
e upon the mother, immediately thereafter it shall become the duty of the person or parents of each
port its birth to the Commissioner of Health in the manner and within the period above required, and
he Sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth,*	December the 24
4. *Place of Birth, (Street and Number)*	Baltimore Fort ave No 1011
5. *Full Name of Mother,*	annie Laetz
6. *Mother's Maiden Name.*	gisler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	ammiel Laetz
9. *Father's Occupation,*	Lalcair
10. *Father's Birthplace,*	germaney
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hollhorn
Address,	Light St No 1514

RETURN OF A BIRTH 99670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 24 98
4. *Place of Birth, (Street and Number)* South Eutaw Str 1210
5. *Full Name of Mother,* Maggie A Conners
6. *Mother's Maiden Name,* Griffith
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Daniel A Conners
9. *Father's Occupation,* Baltimore City Water Bailiff
10. *Father's Birthplace,* Baltimore at Mount Clare

Name of Medical Attendant, or other Person who makes this Return. M J Conners mid wife

Address, 1325 Barnum Ave

Remarks, Fine healthy Child

Maine Mrs M J Conners

list of Two births which have occurred under his or her care during the month, and [illegible] ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9969.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 24th 1887
4. *Place of Birth, (Street and Number)*	No 804 Shuter
5. *Full Name of Mother,*	Clara Dove
6. *Mother's Maiden Name,*	" Proctor
7. *Mother's Birthplace,*	Frederick Md
8. *Full Name of Father,*	Charles Dove
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allerdice
Address,	912 McDonough St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the said person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 7967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 24 — 87
4. *Place of Birth, (Street and Number)*	947 N Chester St
5. *Full Name of Mother,*	Katie E. Sweatt
6. *Mother's Maiden Name,*	" " Goode
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles E. Sweatt
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Maine
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the father or mother, or some one of the household, or the nurse in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99694.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimcre City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Mulatto
3. Date of Birth, Dec. 7th 1899
4. Place of Birth (Street and Number), #511 E. Baynes St
5. Full Name of Mother, Maria Knecht
6. Mother's Maiden Name, Popp
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Knecht
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1038 E. Monument St.

Remarks,

This schedule shall contain a list of the names [illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred [illegible] and shall [illegible] as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Mulatto
3. *Date of Birth,* Dec. 11th. 1884.
4. *Place of Birth (Street and Number),* #307 N. Bond St.
5. *Full Name of Mother,* K. E. Hoffmann
6. *Mother's Maiden Name,* " " Mehderath
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Hoffmann
9. *Father's Occupation,* Brewer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Geo. Bernard Hilgenst

Address, #1038 E. Monument St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the [illegible] and shall set forth so far as the same can be [illegible] list of the births which have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] to make the entry as in the case of a birth, and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. 99695.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday Dec. 15th. 1887.
4. *Place of Birth, (Street and Number)*	182 E. Monument St.
5. *Full Name of Mother,*	Jennie Taylor.
6. *Mother's Maiden Name,*	Jennie Mahon.
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	George H. Taylor
9. *Father's Occupation,*	Cracker Baker.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D
Address,	Chas St. & Fremont Place
Remarks,	

John Murphy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-22-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Nettie Reiter 1st. 99696
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Wednesday Dec 21st 1887
4. *Place of Birth, (Street and Number)*	1302 N. Washington St
5. *Full Name of Mother,*	Jennie Reiter
6. *Mother's Maiden Name,*	Jennie Leonitance,
7. *Mother's Birthplace,*	Balt. Md
8. *Full Name of Father,*	Frederick Reiter
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	Chas St. & Fort Ave.
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioners of Health. This is to be done as far as the same can be ascertained the full name of each child (if any shall have been christened), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be signed by the person in the form of a

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under the ... and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Black
3. Date of Birth, Dec 25th 1887
4. Place of Birth (Street and Number), #2 Hubbard's Court
5. Full Name of Mother, E Riley
6. Mother's Maiden Name, Mulgrew
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Michael Riley
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Drew Dena Hillegist

Address, #1038 E Monument St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. 99698

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Dec 25"
4. Place of Birth (Street and Number), The Lying in Hosp 622 N Howard
5. Full Name of Mother, Gussie Adams
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Penn.
8. Full Name of Father, Not known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. D. E. Neale M.D.

Address, 319 W. Monument St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been considered as dead born, the fact and reason thereof as certified by the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 99699

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec. 28th 1897
4. Place of Birth (Street and Number), #1106 Low St
5. Full Name of Mother, Dora Starck
6. Mother's Maiden Name, " Hetzmann
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Lucian Starck
9. Father's Occupation, Painter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Dora Hillegeist

Address, #1038 E. Monument St

Remarks, Twins 2 girls

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race)
3. Date of Birth, Dec 25 1899
4. Place of Birth, (Street and Number) 169 Bank st.
5. Full Name of Mother, Eliza Sellace
6. Mother's Maiden Name, Lepore
7. Mother's Birthplace, City
8. Full Name of Father, Jorge Sellace
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Sellace

Address, 1224 Bank st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been [illegible] its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 25 th 1897
4. Place of Birth (Street and Number),	211 Dallas st North
5. Full Name of Mother,	Lucy Bradford
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balt
8. Full Name of Father,	George Bradford
9. Father's Occupation,	Thicher
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Smarke
Address,	
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	December 25th 1887
4. *Place of Birth, (Street and Number)*	419 Barry Street
5. *Full Name of Mother,*	Marie Stobener
6. *Mother's Maiden Name,*	Marie Schäfer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Stobener
9. *Father's Occupation,*	Piano Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Hellegunda Schleifer
Address,	529 Columbia Avenue
Remarks,	

Health. This schedule is to be filled out as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalties for such offence as are now prescribed by other laws and ordinances are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under the care of the undersigned attendant, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* December the 25th
4. *Place of Birth (Street and Number),* 1223 Hall st
5. *Full Name of Mother,* Mary Louise Ezey
6. *Mother's Maiden Name,* Mary Louise Larrimore
7. *Mother's Birthplace,* Back Rd Balt Co Md County
8. *Full Name of Father,* John Philip Ezey
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Conway

Address.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 2-9-88

RETURN OF A BIRTH. 99704

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Emma Irene Simmons

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White - American
3. Date of Birth December 25th 1887
4. Place of Birth (Street and Number) No. 25 6th St. Eyerkill (Back).
5. Full Name of Mother Harrietta Anna Maria Simmons
6. Mother's Maiden Name Price
7. Mother's Birthplace Balt.o
8. Full Name of Father John William Simmons
9. Father's Occupation Oyster Dealer
10. Father's Birthplace Balt.o

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M.D.

Address 2221 (325) Oak St

Remarks

RETURN OF A BIRTH 99705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4-th.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec. 25, 1887
4. Place of Birth (Street and Number),	1023 Chesapeake St.
5. Full Name of Mother,	Emily Jane Myers
6. Mother's Maiden Name,	Emily Jane Funk
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Charles Edward Myers
9. Father's Occupation,	Saddler
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sawyer
Address,	736 Luzerne St.
Remarks.	

This schedule shall contain a list of the births [illegible] and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and residence of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Sun Iron Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99706

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 25th 1887
4. *Place of Birth (Street and Number),* Baltimore, 827 Hanover St
5. *Full Name of Mother,* Emma J. Harsenberger
6. *Mother's Maiden Name,* Emma J Ramsey
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles H. Harsenberger
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Shafer

Address, No 1124 Ridgley St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concealed), its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a physician or midwife, or by the person in attendance in the case of a nurse, to the office of the Commissioner of Health, on the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 1 Childe
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	Color
3. *Date of Birth,*	25 of december
4. *Place of Birth, (Street and Number)*	123. parry street
5. *Full Name of Mother,*	Julia Smith
6. *Mother's Maiden Name,*	Julia Mountgue
7. *Mother's Birthplace,*	for finger Country
8. *Full Name of Father,*	William travst Smith
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	for finger country
Name of Medical Attendant, or other person who makes this Return.	Ellilley Gross
Address,	229. Jark street
Remarks,	

Health. [illegible] mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 99708

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 25th 1887
4. *Place of Birth, (Street and Number)* 128 Lanvale St Balto
5. *Full Name of Mother,* Callie V. Canek
6. *Mother's Maiden Name,* " " Wightson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Frank E. Canek
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. L E. Beale Md

Address, 319 N. Monument St

Remarks,

and shall enter the same on a book to be kept for that purpose, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th Child

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) white.
3. Date of Birth. Sunday 25-th of December 1887
4. Place of Birth, (Street and Number) 2042 Hollins st.
5. Full Name of Mother. Annie. L. Walker
6. Mother's Maiden Name, Annie L Kuntz
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Edwin M. Walker.
9. Father's Occupation, Tin and Sheet iron worker
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks,

Health. This schedule shall contain the full name of each child, if any shall have been ascertained; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

GUGANY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (State whether ~~male~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, December 25th 1887.
4. Place of Birth, (Street and Number) E. Monument St No 1420
5. Full Name of Mother, Amelia Richter
6. Mother's Maiden Name, Amelia Hoffman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Christian Richter
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Health. ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall not forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child [illegible] mother, immediately thereafter it shall become the day of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White race
3. *Date of Birth,*	25 December [illegible]
4. *Place of Birth (Street and Number),*	S. Sharp st No 1117
5. *Full Name of Mother,*	Mary Ellen Hartman
6. *Mother's Maiden Name,*	Mary Ellen Conway
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Hartman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Augusto Boisen.
Address,	927 South Sharp St.
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99712

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.d

1. ~~Sex, (state whether male or female).~~ male
2. Race or color, (if not of the white race) white
3. Date of Birth, Dezember 26.d 1887
4. Place of Birth, (Street and Number) 1217 China Alley
5. Full Name of Mother, Marie Schok
6. Mother's Maiden Name, Marie Pfizenmajer
7. Mother's Birthplace, Germany
8. Full Name of Father, Gottlieb Schok
9. Father's Occupation, Carpenter for B. & O. R. R. Co
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Cathrena Glünsch

Address, 100 Leadenhall St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99713

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 26th
4. Place of Birth (Street and Number),	48 E. Hill St
5. Full Name of Mother,	Mary Heimburger
6. Mother's Maiden Name,	" Dimsby
7. Mother's Birthplace,	City
8. Full Name of Father,	Aug Heimburger
9. Father's Occupation,	Harness Maker
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	L C Bench MD
Address,	511 Hanover
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ta. 99714
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec. 26 th
4. Place of Birth (Street and Number),	820 St. mary's st
5. Full Name of Mother,	Sarah Ferguson
6. Mother's Maiden Name,	" " Binkett
7. Mother's Birthplace,	Cambridge
8. Full Name of Father,	John Ferguson
9. Father's Occupation,	Coachman
10. Father's Birthplace,	Cambridge Dorchester Ct
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 26
4. Place of Birth (Street and Number),	718 Fountain Ave
5. Full Name of Mother,	Sadie Smith
6. Mother's Maiden Name,	~~~~ Tibbs
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	John R Smith
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Shepardtown Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson Alley
Remarks,	

This schedule shall contain a list of the births which have occurred since the ... and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Dec 26
4. Place of Birth (Street and Number), Baltimore City 515 N. Paul St
5. Full Name of Mother, Emily Fernandis
6. Mother's Maiden Name, " Jaques
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wells Fernandis
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs C. Joner

Address, Mulberry st & Hargrove Ave

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99117.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under the care of the practitioner, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 26th December
4. Place of Birth (Street and Number), Misana st. 1270
5. Full Name of Mother, Maggie ~~Stolarski~~ Shurek
6. Mother's Maiden Name, Maggie Stolarski
7. Mother's Birthplace, C. St Prag
8. Full Name of Father, ~~C. St Prag~~ Mike Shurek
9. Father's Occupation, Laborer
10. Father's Birthplace, C St Prag

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. C. Linsmann 1225 Hare st.

Remarks,

RETURN OF A BIRTH 9918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a record of the births [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the sixth child
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	The 26th of November
4. *Place of Birth, (Street and Number)*	No. 652 Lever Street
5. *Full Name of Mother,*	Louise R. Friede
6. *Mother's Maiden Name,*	Louise Monroe
7. *Mother's Birthplace,*	Richmond Virginia
8. *Full Name of Father,*	Gustave Robert Friede
9. *Father's Occupation,*	Chimney Sweeper
10. *Father's Birthplace,*	Rheinberhaus Germany
Name of Medical Attendant, or other person who makes this Return.	M.D. Dumbler
Address,	217 N. Broadway St
Remarks,	Baltimore

RETURN OF A BIRTH 99719.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month [illegible] office of the Commissioner of Health. In case the birth of any child [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10 dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex,* (State whether male or female) Male Child
2. *Race or color,* (if not of the white race) colored
3. *Date of Birth,* 26 December
4. *Place of Birth,* (Street and Number) 311 Lancaster
5. *Full Name of Mother,* Eliza Johnson
6. *Mother's Maiden Name,* Eliza Piser
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* Joseph Watkins
9. *Father's Occupation,* cook
10. *Father's Birthplace,* St George County Maryland

Name of Medical Attendant, or other person who makes this Return. Celeste Cook

Address, 227 Shirley Alley

Remarks,

RETURN OF A BIRTH 99720.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (State whether male or female)*	Little Girl
2. *Race or color, (if not of the white race)*	Whit Race
3. *Date of Birth,*	26th December 1887
4. *Place of Birth, (Street and Number)*	No 736 Pennsylvania ave
5. *Full Name of Mother,*	Mrs. Genzer
6. *Mother's Maiden Name,*	Miss Amelia Schultz
7. *Mother's Birthplace,*	Born Wurtemburg Germany
8. *Full Name of Father,*	Mr. Matthias Genzer
9. *Father's Occupation,*	Shoe Store
10. *Father's Birthplace,*	Born Bayer Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

register of such births, and the [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 26th 1885
4. Place of Birth (Street and Number),	1110 Myrtle Ave
5. Full Name of Mother,	Sophia A Gittings
6. Mother's Maiden Name,	" " Robinson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thos W Gittings
9. Father's Occupation,	Stock Dealer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Theodore Cooper M.D.
Address,	5189 Howard Ave
Remarks,	

And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall and may be lawful to and for any other person to be in attendance upon the mother, immediately thereafter to shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

9772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 26 th 1881
4. Place of Birth (Street and Number),	N. Wolfe st 4 doors S Monument st
5. Full Name of Mother,	Mary Harris
6. Mother's Maiden Name,	Curtis
7. Mother's Birthplace,	Washington
8. Full Name of Father,	Henry Harris
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balt City
Name of Medical Attendant, or other person who makes this Return.	Mrs A Knowles
Address,	1529 E Pratt st
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99923.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20th December 1881
4. *Place of Birth, (Street and Number)* 1427 Cecil St
5. *Full Name of Mother,* Annie Margaret Glace
6. *Mother's Maiden Name,* Harnecut
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Glace
9. *Father's Occupation,* Coal Screener
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewett

Address, 516 Cecil Ave

Remarks,

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and wife ... required under his or her care during the month, and shall set forth as far as the same can be list of the births which have occurred ... ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10.00) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., Printers and Stationers.

RETURN OF A BIRTH

99,124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 26th, 1899
4. *Place of Birth, (Street and Number)* No. 1706 E. Lombard St
5. *Full Name of Mother,* Annie Rucker
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Anthony Rucker
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. M. J. Gately, M.D.

Address, 111 S. Broadway

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9972 S.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether* 1*st*, 2*d*. 3*d*, &c.)	4
1. *Sex*, (*State whether male or female*)	Male
2. *Race or color*, (*if not of the white race*)	White
3. *Date of Birth.*	Dec 26 1887
4. *Place of Birth*, (*Street and Number*)	Strikers st 324
5. *Full Name of Mother*,	Virginia Cole
6. *Mother's Maiden Name*,	Virginia Tomson
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	John W Cole
9. *Father's Occupation*,	Machinist
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 2022 Wilkens Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred in the family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. MURRAY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-22-57

RETURN OF A BIRTH

99726.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) Marie Elizabeth Frautz 2nd child

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White.
3. Date of Birth, Dec 26 1887.
4. Place of Birth (Street and Number), 1519 E. Monument St.
5. Full Name of Mother, Louisa. Traut.
6. Mother's Maiden Name, Wittgraf.
7. Mother's Birthplace, Baltimore city.
8. Full Name of Father, Conrad. Traut.
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. E. Heard. M.D.

Address, 202. Aisquith St.

Remarks,

This schedule shall contain a list of all births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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CERTIFICATE CORRECTED 1-28-53

RETURN OF A BIRTH 79727.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary May Kommalan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 24th 1887.
4. *Place of Birth, (Street and Number)*	No 6002 Patterson Park Ave.
5. *Full Name of Mother,*	Anna Frances Kommalan
6. *Mother's Maiden Name,*	" " Fritch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fredrick Kommalan
9. *Father's Occupation,*	Stove Finisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Willy
Address,	No 611 Patterson Park Ave.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born to him confined) its sex, color, the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLEY & CO., CITY PRINTERS AND BINDERS

RETURN OF A BIRTH 99728.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	December 5th 1887
4. Place of Birth (Street and Number),	Vincent street 160 2 near Baker
5. Full Name of Mother,	Susie Elizabeth Brown
6. Mother's Maiden Name,	Susie Elizabeth Courts
7. Mother's Birthplace,	Anne arundle County Md
8. Full Name of Father,	Charles Henry Brown
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Hudson County Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Sarah Rollins
Address,	1610 Vincent street near Baker
Remarks,	

his schedule shall contain a list of the births which have occurred since the ... ast ... ber ... and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been still-born, the fact shall be stated) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99729

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	Dec. 19, 1892
4. *Place of Birth, (Street and Number)*	5 Hillsboro St
5. *Full Name of Mother.*	Ida Joyce
6. *Mother's Maiden Name.*	Duty
7. *Mother's Birthplace.*	Maryland
8. *Full Name of Father.*	John Joyce
9. *Father's Occupation.*	Blacksmith
10. *Father's Birthplace.*	Maryland
Name of Medical Attendant, or other Person who makes this Return	G. L. Lane
Address.	602 Hanover St.
Remarks.	

...ULE shall contain a list of the births which have occurred under the supervision of each Registrar during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days of each and every month, as the death or birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	December 17th 1887
4. *Place of Birth (Street and Number),*	Vincent Street 1620 near Baker
5. *Full Name of Mother,*	Annie Tyler
6. *Mother's Maiden Name,*	~~Annie~~ Frazier
7. *Mother's Birthplace,*	Calvert County Md
8. *Full Name of Father,*	John Tyler
9. *Father's Occupation,*	White Washing
10. *Father's Birthplace,*	West River A A County Md
Name of Medical Attendant, or other person who makes this Return.	Sarah Rollins
Address,	1610 Vincent Street near Baker
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be collected as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This Schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	December 25th 1887
4. Place of Birth (Street and Number),	Parish alley without number
5. Full Name of Mother,	Rachel Fuller
6. Mother's Maiden Name,	Rachel Hawkins
7. Mother's Birthplace,	Carrol County Md
8. Full Name of Father,	Joseph Fuller
9. Father's Occupation,	Hod Carrier
10. Father's Birthplace,	Howard County Md
Name of Medical Attendant, or other person who makes this Return.	Sarah Rollins
Address,	1616 Vincent street Baltimore
Remarks,	

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RETURN OF A BIRTH 99732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th 99732
1. Sex (state whether male or female), name Mary Bartlett Wallace	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 27th 1917
4. Place of Birth (Street and Number),	1263 Lanvale St
5. Full Name of Mother,	Miriam (Marian) Wallace
6. Mother's Maiden Name,	Tisdall
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samuel Simpson J. D. Wallace
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Reading Coale M.D.
Address,	904 N. Charles St
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d 99733

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 27 1887
4. Place of Birth, (Street and Number) 1203 N Wolf
5. Full Name of Mother, Margaret Brady
6. Mother's Maiden Name, Buchanan
7. Mother's Birthplace, Harford Co
8. Full Name of Father, David Brady
9. Father's Occupation, Laborer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return J H Schwatka M.D.

Address, 933 N. Broadway

Remarks,

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

KEE & [illegible], CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 2d
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 27
4. *Place of Birth, (Street and Number)*	509 Canal st.
5. *Full Name of Mother,*	M. Kate Elder
6. *Mother's Maiden Name,*	" Wagner
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	J. H. Elder
9. *Father's Occupation,*	Miller
10. *Father's Birthplace,*	Howard Co.
Name of Medical Attendant, or other person who makes this Return.	C. L. Pendleton
Address,	418 E. Pacca st.
Remarks.	

Health. This Return shall contain all the particulars which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 27 1867

4. *Place of Birth, (Street and Number)* 1214 W. Pratt

5. *Full Name of Mother,* Hannah E. Buser

6. *Mother's Maiden Name,* Thyrne

7. *Mother's Birthplace* Balto

8. *Full Name of Father,* Jacob Dr. Buser

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. M. Gaither M.D.

Address, 111 S. Broadway

Remarks,

and shall enter the same on a blank schedule to be furnished to him for that purpose by the Registrar of Vital Statistics, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99736

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 27th 1917
4. *Place of Birth, (Street and Number)*	Pratt st No 1613
5. *Full Name of Mother,*	Mary Linsenmeyer
6. *Mother's Maiden Name,*	Mary Steinel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Linsenmeyer
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs L Kelley
Address,	No 2022 Wilkens Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section ... subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered ...

RETURN OF A BIRTH 9973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	White Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 27th 1888
4. Place of Birth (Street and Number),	210 Seymour St Baltimore
5. Full Name of Mother,	Katie Terry
6. Mother's Maiden Name,	Katie Boyle
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	William Terry
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Catharine Mitchell
Address,	112 Calhoun Alley
Remarks,	

Register of each birth, and shall obtain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99738

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 27th Dec. 87
4. *Place of Birth, (Street and Number)* 2220 McCulloh St
5. *Full Name of Mother,* Mary G. Farmer
6. *Mother's Maiden Name,* Mary G.
7. *Mother's Birthplace,* N. C.
8. *Full Name of Father,* Wesley S. Farmer
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other Person who makes this Return. A C Fole

Address, 2102 N Eutaw St

Remarks, Premature birth

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, as report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 99739

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Dec. 27th 1867
4. Place of Birth, (Street and Number) No. 1063 Chester St
5. Full Name of Mother, Mary Coburn
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Coburn
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. D. Goldsborough M.D.

Address, 111 S. Broadway

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain the name and date of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th. 99740

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sunday December 27th. 1887.
4. Place of Birth, (Street and Number) 803 Lexington ave.
5. Full Name of Mother, Harriet M. Bolton.
6. Mother's Maiden Name, Harriet M. Liggins.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward L. Bolton.
9. Father's Occupation, Paint Store Dealer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Witmer Brinton M.D.

Address, Chas St. & Fremont Place.

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d 99741
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec: 27th 41
4. *Place of Birth, (Street and Number)*	93 S. High St
5. *Full Name of Mother,*	Bettie Fleischer
6. *Mother's Maiden Name,*	Bettie Joseph
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Simon Fleischer
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	St Paul's
Address,	400 Cathedral St
Remarks,	

Not of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Dec 27th 1887
4. Place of Birth, (Street and Number) 806 Register st
5. Full Name of Mother, Gusta Gusch
6. Mother's Maiden Name, " " Myers.
7. Mother's Birthplace, Md
8. Full Name of Father, Albert Gusch
9. Father's Occupation, Agent
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 214 Bank st

Remarks,

Health. [illegible] the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. B. BALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	December 27 th,
4. Place of Birth (Street and Number),	802 Scott St
5. Full Name of Mother,	Ida Elizabeth Van Fossen
6. Mother's Maiden Name,	" " Gaebender
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	David William Van Fossen
9. Father's Occupation,	Can Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Bauer
Address,	711 Cross St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been concealed), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	27th December
4. *Place of Birth (Street and Number),*	435 Clinton
5. *Full Name of Mother,*	Eliza Jane ~~Bond~~ Bennett
6. *Mother's Maiden Name,*	Eliza Jane Bond
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Hayes Bennett
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs Conway
Address,	
Remarks,	

forfeit, to be sued for, and recovered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	27 December 1887
4. Place of Birth (Street and Number),	829 S. Bond St
5. Full Name of Mother,	Mary Gal.
6. Mother's Maiden Name,	Miskie
7. Mother's Birthplace,	Hungaria, Austria
8. Full Name of Father,	Andrew Gal
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Hungaria Austria
Name of Medical Attendant, or other person who makes this Return.	Mary Gretel
Address,	830 South Bond St.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 99746

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	eight child
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	black race
3. *Date of Birth*	27th. day of December
4. *Place of Birth (Street and Number)*	243 Madeira Alley
5. *Full Name of Mother*	Mary ~~Bryan~~ Crosby
6. *Mother's Maiden Name*	Mary Bryan
7. *Mother's Birthplace*	Talbott County.
8. *Full Name of Father*	Charles Crosby
9. *Father's Occupation*	Coachman
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs. A. M. Phelps
Remarks	No 206 Madeira Alley

RETURN OF A BIRTH 99747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the names of all children born in the house, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been born dead, the fact shall be stated. The sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	1028 Jenkins Alley Dec 27th 1887
4. Place of Birth (Street and Number),	Gizzie ~~Simms~~ Hinson
5. Full Name of Mother,	Gizzie Hinson
6. Mother's Maiden Name,	Mary Lancy
7. Mother's Birthplace,	Jacksh Hinson
8. Full Name of Father,	Saloon
9. Father's Occupation,	Mary Lancy
10. Father's Birthplace,	Austin Columbus
Name of Medical Attendant, or other person who makes this Return.	505 Preston st
Address,	
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 27th 1887
4. Place of Birth (Street and Number),	2406 Hudson
5. Full Name of Mother,	Emma Hankins
6. Mother's Maiden Name,	Emma Wallace
7. Mother's Birthplace,	Jersey City
8. Full Name of Father,	William Hankins
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Richmond Va
Name of Medical Attendant, or other person who makes this Return.	Hester Colenee
Address,	505 Preston st
Remarks,	

This schedule shall contain a list of the births which have occurred under the observation of the person making the return, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99749

GIVEN NAME ADDED 1-7-36

To the ~~Office of Registrar of Vital~~ Statistics, Board of Health, Baltimore City.

NAME: HENRY JOHN BALDWIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Two Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 28 Dec — 1887
4. *Place of Birth (Street and Number),* 252 S. Durham
5. *Full Name of Mother,* Lizzi Baldwin
6. *Mother's Maiden Name,* Kunz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Baldwin
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E. Pratt St.

Remarks,

This schedule shall contain a list of the births which have occurred under the observation of the person making the return. And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 99750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 25th 1887
4. *Place of Birth (Street and Number),* Baltimore City 1139 Ridgley St
5. *Full Name of Mother,* Hattie Shafer
6. *Mother's Maiden Name,* Hattie Boyce
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Shafer
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Alex H. Shaffer

Address, No 1139 Ridgley St

Remarks,

Every midwife or other person who shall attend upon any birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99751.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Dec. 28 21
4. *Place of Birth, (Street and Number)* 936 W. Lombard
5. *Full Name of Mother,* Kate Gaile
6. *Mother's Maiden Name,* Kaiser
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Gaile
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Balto. Co

Name of Medical Attendant, or other person who makes this Return. G. L. Middendorf

Address, 418 S. Paca st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance or a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9952.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in his district be present at the birth, the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 26th 1857
4. *Place of Birth (Street and Number),* 1102 Druid Hill Ave Baltimore
5. *Full Name of Mother,* Jennie Lockington Wilkeson
6. *Mother's Maiden Name,* Jennie Wilkeson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Wilkeson
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Middell

Address, 112 Callander Alley

Remarks,

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

79753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, December 27th 1887
4. Place of Birth, (Street and Number) Orleans St No 1240
5. Full Name of Mother, Margaretha Knauer
6. Mother's Maiden Name, Margaretha Rössel
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Knauer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Wittemberg, Prussia Germany

Name of Medical Attendant or other person who makes this Return. Mary E Muller

Address, N. Dallas St No 114

Remarks.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parents or other person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DURAND & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99,154.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	27th of December 1887
4. Place of Birth (Street and Number),	Parish Alley 1019 Aisquith
5. Full Name of Mother,	Barbara Bonnette
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Warrenton Virginia
8. Full Name of Father,	Joshua Bonnette
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Calvert County Md
Name of Medical Attendant, or other person who makes this Return.	Sarah Collins
Address,	1600 Bank St Baltimore
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child. (If any shall have been conferred, its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Guy Johnson Publishing Co., Law Printers and Stationers.

RETURN OF A BIRTH 99755.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 7th 1897
4. *Place of Birth (Street and Number),* 134 Fremont Baltimore
5. *Full Name of Mother,* Catharine Russell
6. *Mother's Maiden Name,* Catharine Kalow
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Russell
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Russell

Address, 112 Eutaw Alley

Remarks,

register of each birth, and shall enter the same on a blank schedule to be furnished to [illegible] This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

99 186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 27th 1887
4. *Place of Birth (Street and Number),* 172 Lemmon st Baltimore
5. *Full Name of Mother,* Lizzie Kummer Keil
6. *Mother's Maiden Name,* Lizzie Kummer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Keil
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Mitchell

Address, 112 Ballard Alley

Remarks,

register of each birth, and shall enter the same on a blank expressly to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nearest relative present, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of, Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Wednesday Dec. 28th. 1887
4. Place of Birth, (Street and Number)	1106 Forest Place
5. Full Name of Mother,	Mary G. Brady
6. Mother's Maiden Name,	Mary G. Donohue
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	Hugh A. Brady
9. Father's Occupation,	~~Attendant Co~~ Produce Dealer
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Benton. M.D.
Address,	Chas St. & Forest Place
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall cause to be registered with the Registrar of Births and Deaths of the District in which such birth shall take place, a certificate containing the name, sex, color, parentage, time and place of birth of such child, and the name, residence and occupation of its parents, if known, which certificate shall be signed by the person giving the information, and countersigned by the Registrar, and shall be entered by him in a book to be kept for that purpose. Every person who shall neglect or refuse to make such report, or to furnish such information, shall forfeit and pay for each offence a sum not exceeding ten dollars, to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Dec. 14th 1887
4. *Place of Birth, (Street and Number)* 148 E. Lombard st.
5. *Full Name of Mother,* Lena Miller
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month [illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be [illegible] the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten ($10.00) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White Race
3. Date of Birth,	15 December
4. Place of Birth (Street and Number),	Baltimore 419 South Exeter St
5. Full Name of Mother,	Mrs. Elizabeth Purcell
6. Mother's Maiden Name,	Elizabeth Roch
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr. James Purcell
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	C. C. Nock M. D.
Address,	2000 E. Balt St
Remarks,	Female Attorney

RETURN OF A BIRTH 99760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 et Jennie Sykes

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Dec 20th 1887
4. Place of Birth, (Street and Number) 248 Spring st.
5. Full Name of Mother, Sarah Sykes
6. Mother's Maiden Name.
7. Mother's Birthplace, Europe
8. Full Name of Father, Jacob Sykes.
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 132 S. Exeter st.

Remarks, NAME ADDED 5-1-52

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Black
3. *Date of Birth,* Dec. 21st
4. *Place of Birth (Street and Number),* Maternité
5. *Full Name of Mother,* Rebecca Washington
6. *Mother's Maiden Name,* ——
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* ——
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other person who makes this Return. William A. Eades

Address, 1101 Hanover St

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Dec. 22nd 1887
4. *Place of Birth, (Street and Number)* 505 Eden st.
5. *Full Name of Mother,* Sarah Ferrar
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Frank Ferrar
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Health.—This schedule must contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-14-59

RETURN OF A BIRTH 99763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Hollander

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Dec. 24th 1887
4. Place of Birth, (Street and Number) Fairmount Ave.
5. Full Name of Mother, Frieda Hollander
6. Mother's Maiden Name.
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Hollander
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name, and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Dec. 26 1887
4. Place of Birth (Street and Number),	915 N Edmondson Av.
5. Full Name of Mother,	Mary A. Rosenberger
6. Mother's Maiden Name,	Acker
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Peter A. Rosenberger
9. Father's Occupation,	Porter.
10. Father's Birthplace,	Bavaria
Name of Medical Attendant, or other person who makes this Return.	Edward P. McDevitt
Address,	2nd Avenue Av.
Remarks,	

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred since his or her last report during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Dec. 27th 1887
4. *Place of Birth, (Street and Number)* 1210 Bank st.
5. *Full Name of Mother,* Rosa Makena
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* John Makena
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any child that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of [illegible] which may be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99,66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the name and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or owner or agent of the premises where such birth occurs, or any other person present at the birth, shall be required to perform the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 5th (Twins)

1. Sex, (state whether male or female) Females
2. Race or color, (if not of the white race) White
3. Date of Birth, Dec 28th 99
4. Place of Birth, (Street and Number) # 129 S. Bond St
5. Full Name of Mother, Mrs Barbara Jorgensen
6. Mother's Maiden Name, Killian
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Jorgensen
9. Father's Occupation, Clerk
10. Father's Birthplace, Denmark

Name of Medical Attendant, or other person who makes this Return. Mrs Getz Sc

Address, # 127 S. Bond St

Remarks, The above both are Female twins

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2nd, &c.) .....

1. *Sex, (state whether male or female)* —
2. *Race or color, (if not of the white race)* .....
3. *Date of Birth,* 28 December
4. *Place of Birth, (Street and Number)* 900 Leadenhall St
5. *Full Name of Mother,* Emma Lyon
6. *Mother's Maiden Name,* Frank
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Lyon
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Abjanah

Address, 900 Leadenhall St.

Remarks, ...

RETURN OF A BIRTH 99768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	~~Colored~~ Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	December 28th 1887
4. Place of Birth (Street and Number),	1120 Vincent St. near Druid
5. Full Name of Mother,	Louisa Wilson
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Samuel Wilson
9. Father's Occupation,	Livery Stable
10. Father's Birthplace,	Calvert County Md
Name of Medical Attendant, or other person who makes this Return.	Sarah Rollins
Address,	1610 Vincent St near Eutaw
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the occurrence of the birth, it shall be the duty of the parents or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co. Printers and Stationers

RETURN OF A BIRTH 99769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Dec. 28th 1899
4. *Place of Birth (Street and Number),* #817 Eastern Ave.
5. *Full Name of Mother,* C. Bongiovi
6. *Mother's Maiden Name,* C. Barber.
7. *Mother's Birthplace,* Italy.
8. *Full Name of Father,* G. Romano.
9. *Father's Occupation,* Boiler Maker.
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. Theresa Millegan

Address, #1038 E. Lombard St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec 28th 1887
4. Place of Birth (Street and Number), 283 S Caroline St.
5. Full Name of Mother, Elizabeth Siegrist
6. Mother's Maiden Name, Shuman
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Siegrist
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Marks

Address,

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Dec 28th 1887
4. Place of Birth (Street and Number),	1810 Eutaw St
5. Full Name of Mother,	Rosa ann smith
6. Mother's Maiden Name,	Rose Jackson
7. Mother's Birthplace,	Washington D.C.
8. Full Name of Father,	John smith
9. Father's Occupation,	school Teacher
10. Father's Birthplace,	Washington D.C
Name of Medical Attendant, or other person who makes this Return.	Hestin Clarence
Address,	505 Preston St
Remarks,	

Register of Births, and shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Mulatto
3. *Date of Birth,* Dec. 28th 1887
4. *Place of Birth (Street and Number),* 1535 Chestnut St
5. *Full Name of Mother,* Carrie Wright
6. *Mother's Maiden Name,* " Harrow
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Wright
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Alfred Cenia Allegent

Address, 1103 E. Monument St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 25/17
4. *Place of Birth, (Street and Number)*	605 Bethel St
5. *Full Name of Mother,*	Martha Adams
6. *Mother's Maiden Name,*	Martha Mitchell
7. *Mother's Birthplace,*	Somerset County
8. *Full Name of Father,*	John Adams
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Talbot County
Name of Medical Attendant, or other person who makes this Return.	Dorothy Whitfield
Address,	432 Rutland St
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the latter, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Dec 28/87
4. Place of Birth (Street and Number),	1016 Fullman st.
5. Full Name of Mother,	Martha A. Bridle
6. Mother's Maiden Name,	" " McGraw
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Hartman A. Bridle
9. Father's Occupation,	Drayman
10. Father's Birthplace,	Penn Carlo Germany
Name of Medical Attendant, or other person who makes this Return.	Edward P. McDevitt
Address,	208 Aisquith st
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 28th 84
4. *Place of Birth, (Street and Number)*	17 E. Hill St.
5. *Full Name of Mother,*	Sarah Strunberg
6. *Mother's Maiden Name,*	Sarah Greenberg
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Gerson Strunberg
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr Gerstenfeld
Address,	100 Eastern Ave
Remarks,	

RETURN OF A BIRTH 9977b

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Balti... to the registrar aforesaid, within six days thereafter, stating distinctly the date of ... of the child or children born, he or their physical condition, whether still-born or ..., nativity, and residence of the parents, and the maiden name of the mother of such ...

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

4. Place of Birth, (Street and Number) 1435 Eight St

5. Full Name of Mother, Mrs Jennie Kahn

6. Mother's Maiden Name, Miss Jennie Rosenwald

7. Mother's Birthplace, Balto

8. Full Name of Father, Philip H Kahn

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Dr Lena F Kahn

Address, 1435 Eight St

Remarks, Confinement Safe

PLANT & CO. CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 99775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 28th 87
4. Place of Birth, (Street and Number)	17 E. Hill St.
5. Full Name of Mother,	Sarah Strauberg
6. Mother's Maiden Name,	Sarah Greenbaum
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Gerson Strauberg
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who make this Return.	Dr Gerstenfeld
Address,	1150 Eastend Ave
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the person making the return certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

4. *Place of Birth, (Street and Number)* 733 [illegible]

5. *Full Name of Mother.* Mrs Jennie Kahn

6. *Mother's Maiden Name.* Miss Jennie Moreland

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father.* Philip H. Kahn

9. *Father's Occupation.* Merchant

...LANY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

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and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been confirred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 28th 87
4. *Place of Birth, (Street and Number)*	17 E. Hill St.
5. *Full Name of Mother,*	Sarah Steinberg
6. *Mother's Maiden Name,*	Sarah Greenberg
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Gerson Steinberg
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	H Gerstner
Address,	140 Cathedral St
Remarks,	

RETURN OF A BIRTH 9977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 29 87
4. Place of Birth, (Street and Number) 133 W. Lee St
5. Full Name of Mother, Mrs Jennie Kahn
6. Mother's Maiden Name, Miss Jennie Moreland
7. Mother's Birthplace, Balto
8. Full Name of Father, Philip H Kahn
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return — Dr Irving F. Kahn

Address, 1435 Eight Ave

Remarks, Estimated Weight

ULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

99777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday Dec 29th 1898
4. *Place of Birth, (Street and Number)*	18 N 1630 E Madison St.
5. *Full Name of Mother,*	Mary E. Spies
6. *Mother's Maiden Name,*	Mary E. Stengel
7. *Mother's Birthplace,*	Harford Co. Md.
8. *Full Name of Father,*	Louis Spies
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chas St. & Fremont Place
Remarks,	

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 29"
4. *Place of Birth (Street and Number),* The Spring Hosp 622 W Lombard St.
5. *Full Name of Mother,* Ida Beal
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D

Address, 3 W. Lexington St

Remarks,

Register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births and shall file the same as a public record. Blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. If the woman [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	December 29/87
4. *Place of Birth, (Street and Number)*	No 2004 Aliceanna St.
5. *Full Name of Mother,*	Mary Cook
6. *Mother's Maiden Name,*	Bodes
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Cook
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* December 29 1887
4. *Place of Birth, (Street and Number)* No 305 S. Durham St.
5. *Full Name of Mother,* Mary Kehring
6. *Mother's Maiden Name,* King
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philipp Kehring
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 12-12-58

RETURN OF A BIRTH 99781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elmer Ellsworth Elgert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3

1. Sex, (state whether male or female) Male ~~Female~~
2. Race or color, (if not of the white race)
3. Date of Birth, December 29/87
4. Place of Birth, (Street and Number) No 428 S. Eden St.
5. Full Name of Mother, Barbara Elgert
6. Mother's Maiden Name, Wehner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Elgert
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 99782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 29/07
4. *Place of Birth, (Street and Number)*	203 Chase St.
5. *Full Name of Mother,*	Mary Brown
6. *Mother's Maiden Name,*	Mary Brown
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Brown
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Brown Colored
Address,	
Remarks.	

register of such birth and shall enter the same in a book to be kept for that purpose. Such register under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalties for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 997.83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* December 9th 1857
4. *Place of Birth (Street and Number),* 116 E. Fort Ave
5. *Full Name of Mother,* Annie Anderson
6. *Mother's Maiden Name,* Todd
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Anderson
9. *Father's Occupation,* Contractor N. C. & St. L. R.
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return. Oscar Schofield

Address, 104 E. Fort Ave

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 29 the 1897
4. *Place of Birth, (Street and Number)*	2917 Longe
5. *Full Name of Mother,*	Sarra Bigston
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Sandy Bigston
8. *Full Name of Father,*	Baltimore
9. *Father's Occupation,*	Fireman M of
10. *Father's Birthplace,*	Garrett Jackson
Name of Medical Attendant, or other Person who makes this Return.	Baltimore Md
Address,	Fac Maire gracken 10 10 dock
Remarks,	

Member of the City Printers and Stationers.

RETURN OF A BIRTH 99785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec. 29th 1897.
4. Place of Birth, (Street and Number) 217 Chestnut St
5. Full Name of Mother, Margret Johnson.
6. Mother's Maiden Name, Margret Brown.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph E. Johnson
9. Father's Occupation, Laboring
10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other Person who makes this Return Harriett Jackson.

Address, 1016 Douglas st Baltimore Md.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such last report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 confinement The 5.677 child

1. *Sex, (state whether male or female)* all three females
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29th
4. *Place of Birth, (Street and Number)* 867 Lima St
5. *Full Name of Mother,* Mrs. Robert Wright
6. *Mother's Maiden Name,* Alice V. Willhide
7. *Mother's Birthplace,* Mechanicstown Frederick Co.
8. *Full Name of Father,* Robert Wright
9. *Father's Occupation,* Tramster
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. W. F. Hill MD

Address, 1001 E Monument Ave

Remarks, all three are well developed Normal weighing less than 6 lbs 7 lbs

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 29. 97
4. *Place of Birth (Street and Number),* 120 S. Caroline St.
5. *Full Name of Mother,* Mrs. Emma Dora Lowndes
6. *Mother's Maiden Name,* Emma Dora Burkhart
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Michael Henry Lowndes
9. *Father's Occupation,* Liquor dealer
10. *Father's Birthplace,* Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Dr. C. Leigh Hood

Address, 2021 E. Lake Ave.

Remarks, Prescribed Coroner

Register of such birth, and shall enter the same on a blank card-tablet to be furnished by the Commissioner of Health. This tablet-card shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the ward wherein each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., The Lithiers and Printers.

RETURN OF A BIRTH

99198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 29th Dec
4. *Place of Birth (Street and Number),* 210 N Ann St Balto. Md
5. *Full Name of Mother,* Florida Neamia Hall
6. *Mother's Maiden Name,* " " Johnson
7. *Mother's Birthplace,* Frederick Co
8. *Full Name of Father,* James Pollard Hall
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Glasco McElderry St Lab

Address, McElderry St Extended

Remarks, Well

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given, its sex, color, the full names and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 99189.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 29th 1899
4. Place of Birth (Street and Number),	129 Cathedral Alley
5. Full Name of Mother,	Mary Concannon
6. Mother's Maiden Name,	" " Carr
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Bernard Concannon
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Theodore Gerstenhoefer M.D.
Address,	911 N Charles St.
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so in charge of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

99190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, December 29th 1887
4. Place of Birth, (Street and Number) E. Baltimore St No 1408
5. Full Name of Mother, Louisa F. Keusler
6. Mother's Maiden Name, Louisa F. Lutz
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Charles E. Keusler
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his other care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99991.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Dec 30 1883
4. Place of Birth, (Street and Number) 213 Bond St
5. Full Name of Mother, Annie M. Merton
6. Mother's Maiden Name, " " " Deluth
7. Mother's Birthplace, Md
8. Full Name of Father, William Merton
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Beck

Address, 1244 Bank St

Remarks,

Baltimore enter whose charge of [illegible] a birth [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. W. BRATT & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 30 87.
4. *Place of Birth, (Street and Number)*	1111 E. Lanvale
5. *Full Name of Mother,*	S. A. Smith
6. *Mother's Maiden Name,*	S. A. Hankins
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	A. M. Smith
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Pa.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	725 Linwood Ave
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child so to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 30/87
4. *Place of Birth, (Street and Number)*	625 Saratoga St.
5. *Full Name of Mother,*	Mollie Rusbaum
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	E. M. Rusbaum
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas O'Pie M.D.
Address,	600 N. Howard St
Remarks,	

Baltimore [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name or each child, if any shall have been [illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to [illegible] the birth to the Commissioner of Health, and the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

99794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Dec. 30th 1897
4. Place of Birth, (Street and Number) Lombard st.
5. Full Name of Mother, Bluma Wolpert
6. Mother's Maiden Name.
7. Mother's Birthplace, Europe
8. Full Name of Father, Abraham Wolpert
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bornstein

Address, 122 S. Exeter st.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

99795

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* [redacted] female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 30
4. *Place of Birth (Street and Number)* Dunbar alley 1904
5. *Full Name of Mother* mary E Hall
6. *Mother's Maiden Name* mary E Bowles
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* William H Hall
9. *Father's Occupation* laborer
10. *Father's Birthplace* Harford Co

Name of Medical Attendant, or other Person who makes this Return. miss Daisy Howard

Address E Fayette st no 1057

Remarks

RETURN OF A BIRTH 99796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d. 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	Dec 30th 1887
4. *Place of Birth (Street and Number)*	937 N. Lombard St. Balto. Md
5. *Full Name of Mother,*	Matilda Rogers
6. *Mother's Maiden Name,*	Matilda Sheridan
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Jno. Walter Rogers.
9. *Father's Occupation,*	Furniture Carver
10. *Father's Birthplace,*	Baltimore City Md
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hunter
Address,	23 N Poppleton St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

99797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	—
3. *Date of Birth,*	Dec. 8th 1897
4. *Place of Birth, (Street and Number)*	24 Druid Hill Ave
5. *Full Name of Mother,*	Annetina Fowells Feaster
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jesse Feaster
9. *Father's Occupation,*	Agent &c.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	G. M. Newcomb M.D.
Address,	2000 E. Balto St
Remarks,	Forceps Delivery

SECTION 7.—And be it further enacted, that every person in charge of any lying-in establishment, or other place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. KLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

9798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Dec 20 1887
4. Place of Birth (Street and Number),	810 N Bruk st.
5. Full Name of Mother,	Mary B. Bahey
6. Mother's Maiden Name,	" " Hunt
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John J. Bahey
9. Father's Occupation,	Dairy
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Edward F. Sanders
Address,	208 Aisquith
Remarks,	

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH, 99799.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 30th 1855
4. *Place of Birth, (Street and Number)* 1833 N. Paca st
5. *Full Name of Mother* Kate Mongue
6. *Mother's Maiden Name* " Larkin
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Martin Mongue
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Alexandria Virginia

Name of Medical Attendant, or other Person who makes this Return. P. McEwen

Address 1401 Linden ave

Remarks

RETURN OF A BIRTH 99800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 30 1887
4. *Place of Birth, (Street and Number)* № 1104 Hanover st
5. *Full Name of Mother,* Maggie Dailey
6. *Mother's Maiden Name,* Maggie Belcher
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Dailey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hennessy

Address, № 1514 Bond st

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the [illegible] shall not be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH 99801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* Inale
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 30 1882
4. *Place of Birth, (Street and Number)* 1222 Bayard St
5. *Full Name of Mother,* Cassie Williams
6. *Mother's Maiden Name,* Cassie Cornish
7. *Mother's Birthplace,* Hochester County
8. *Full Name of Father,* Charles Williams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Anne-Arundel County

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address, 1126 Russell St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall, within forty-eight hours after the birth, make a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full names and occupation of parents, the [illegible] and time of birth, and the name and residence of the attendant. Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 30th 1887
4. *Place of Birth (Street and Number),* No 1206 Patterson st
5. *Full Name of Mother,* Augustina Barb Noth
6. *Mother's Maiden Name,* Augustina Zeh
7. *Mother's Birthplace,* Langenau Prussia
8. *Full Name of Father,* August Noth
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Burgaesdorf Saxony and

Name of Medical Attendant, or other person who makes this Return. Ms. P. Lierzemann Midwife

Address, Hare st 1225

Remarks,

more under wilful charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	December the 30th
4. *Place of Birth, (Street and Number)*	Baltimore Hanover St near
5. *Full Name of Mother,*	virgina rubland
6. *Mother's Maiden Name,*	lewis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	augustus rubland
9. *Father's Occupation,*	labour
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	light st near Pratt
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

998 C4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White American
3. *Date of Birth,* Dec 30th 1857
4. *Place of Birth, (Street and Number)* 348 W. Biddle St
5. *Full Name of Mother,* Marian Conway Peyton
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Greensboro N. C.
8. *Full Name of Father,* Unknown to me.
9. *Father's Occupation,* ~
10. *Father's Birthplace,* ~

Name of Medical Attendant, or other Person who makes this Return. J. E. Lindsay MD

Address, 9 E Read St

Remarks,

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, on the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 99805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every [illegible] Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 30th 1887
4. *Place of Birth, (Street and Number)*	No 100 Hamburg St
5. *Full Name of Mother,*	Anna C Wagner
6. *Mother's Maiden Name,*	Anna C Shuster
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Michal L Wagner
9. *Father's Occupation,*	Produce Dealer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mary E Anderson
Address,	No 103 Abys Alley
Remarks,	

(P) J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 99806.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 30th 1899
4. *Place of Birth (Street and Number),* 641 N Washington St
5. *Full Name of Mother,* Elizabeth McAleer
6. *Mother's Maiden Name,* " " Bayley
7. *Mother's Birthplace,* Va "
8. *Full Name of Father,* John A Allen
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Wm Jackson Eveleth M.D.

Address, 914 N Charles St

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

99807.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (State whether male or female)* Male

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* July 30 of 8 to 1887

4. *Place of Birth, (Street and Number)* No 1819 Hollins St

5. *Full Name of Mother,* Lucie Baldwin

6. *Mother's Maiden Name,* Lucie Markham

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jacob Baldwin

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Mary E. Jacobs

Address, No 1819 Hollins St

Remarks, Dec 1st

1887

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

9808.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec. 30/87
4. Place of Birth (Street and Number),	No. 5 n. Broadway
5. Full Name of Mother,	Emma Caroline Abenschein
6. Mother's Maiden Name,	" " Edler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	N. S. Abenschein
9. Father's Occupation,	Dentist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Rob. Mansfield M.D
Address,	129 S Broadway
Remarks,	

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each succeeding month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99809.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 30th 1887
4. *Place of Birth (Street and Number),* No 720 S Durham St
5. *Full Name of Mother,* Mary Ann Hamburger Weber
6. *Mother's Maiden Name,* Mary Ann Hamburger
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Joseph Weber
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Arend

Address, 410 S. Wolfe Street.

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 99810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hattie Hecht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Dec 30th 1901

4. Place of Birth, (Street and Number) 855 S. Broadway

5. Full Name of Mother, Amelia Hecht

6. Mother's Maiden Name, " Koplitz

7. Mother's Birthplace, Balto

8. Full Name of Father, Meyer L. Hecht

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Jos. L. Wurtzburger

Address, 226 S. Bway

Remarks, GIVEN NAME ADDED 8-19-53 L.M.

SECTION 7.—And be it further enacted and ordained that the [illegible] person [illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the [illegible] or any [illegible] shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

Birth 99811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a Certificate between the first and tenth day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* boy
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 30 December
5. *Place of Birth, (Street and Number)* 1039 Central Avenue
6. *Full Name of Mother,* Anna Mary Wife Wickles
7. *Mother's Maiden Name,* Adelhardt
8. *Mother's Birthplace,* Zeubach Baiern
9. *Full Name of Father,* Jean Wickles
10. *Father's Occupation,*
11. *Father's Birthplace,* Seelig Baiern

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, 1249 E Eager st.

Remarks, Full name of child: John Lorenz Wickles

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

99812

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	[redacted] Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 30 84
4. *Place of Birth, (Street and Number)*	170 York St
5. *Full Name of Mother,*	Mrs Sophia Anderson
6. *Mother's Maiden Name,*	Sophia Gallaway
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	John Anderson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return	Lewis T Taylor
Address,	1435 Forest St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 99813

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Dec. 30th
4. *Place of Birth, (Street and Number)* 1517 Williams st.
5. *Full Name of Mother,* Maria Knapp
6. *Mother's Maiden Name,* " Klein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Knapp
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. C. L. Baldwin M.D.

Address, 414 S. Paca st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sidney Greenbaum	4th 99814
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 31st '52
4. *Place of Birth, (Street and Number)*	811 Hollins St
5. *Full Name of Mother*	Frances Greenbaum
6. *Mother's Maiden Name,*	Frances Rosenbaum
7. *Mother's Birthplace*	Philadelphia
8. *Full Name of Father,*	Dan'l Greenbaum
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Dr Ibinstein
Address,	700 Cathedral St
Remarks, GIVEN NAME ADDED	6-5-53 H.M

SECTION 3.—And be it further enacted, that every person in charge of any lying-in hospital, maternity home, or other institution, or the city physician or other officer in charge of any almshouse, prison or police station where births occur, and every physician, midwife or other person who may be in attendance upon any birth, shall keep a true and correct register of such births under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99815

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Col
3. *Date of Birth,* Dec 31 / 87
4. *Place of Birth, (Street and Number)* 562 Hoffman St
5. *Full Name of Mother,* Mrs Ballet
6. *Mother's Maiden Name,* Unknown
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Ballet
9. *Father's Occupation,* Unknown
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Ann M Jones

Address,

Remarks.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] day of each and every month to the office of the Commissioner of Health. In case any birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 99816
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 31 st 1867.
4. *Place of Birth, (Street and Number)*	1067 N. Gay St.
5. *Full Name of Mother,*	Barbara Silbersack
6. *Mother's Maiden Name,*	" Sparr
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Michael Silbersack
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1021 Barnes St
Remarks,	This Child was born 12 A.M. died 2.30 P.M. Weakness.

SECTION 7.—And be it further enacted that every person who shall hereafter take charge of any child in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99817

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 31 1923
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Catherine Lynch

Address, 700 Sandenhall St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth A. Esposito

99818

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Dec 31 1887
4. Place of Birth, (Street and Number) 1213 Gold st
5. Full Name of Mother, Minnie (Name) (Maiden) Esposito
6. Mother's Maiden Name? " " (Surname) Rakel
7. Mother's Birthplace, 645
8. Full Name of Father, Anton (Name) (Surname) Esposito
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Daly

Address, 1241 Banks

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JOHN J. MURPHY & CO., CITY PRINTERS AND STATIONERS.

RETURN[illegible] A BI[illegible]TH

To the Office of Registrar of Vital [illegible]tics, Board of Heal[illegible] Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible] 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, December 31 [illegible]
4. Place of Birth, (Street and Number) Baltimore 5 12 Gibson Alt
5. Full Name of Mother, Rose Jones
6. Mother's Maiden Name, Rose Jard
7. Mother's Birthplace, Saint marys County
8. Full Name of Father, Ben Jones
9. Father's Occupation, Coak
10. Father's Birthplace, Saint marys County

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Oneall

Address, 219 Jasper St

Remarks:

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99819

Name, Sophie Ahaus

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8.
1. Sex (state whether male or female),	female.
2. Race or Color (if not of the white race),	white.
3. Date of Birth,	31 December 1887.
4. Place of Birth (Street and Number),	615. Chaines Alley.
5. Full Name of Mother,	Auguste Ahaus.
6. Mother's Maiden Name,	Auguste (Chamer) Schumann
7. Mother's Birthplace,	(Germany) Baltimore Md.
8. Full Name of Father,	Frederick (Fritz) Ahaus.
9. Father's Occupation,	Cabinetmaker
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Auguste Bessien.
Address,	927 South Sharp St.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, which schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall, within [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or penalty [illegible] each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth child. 99820
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Dec 31st 1887
4. *Place of Birth, (Street and Number)*	# 2206 E. Lombard St.
5. *Full Name of Mother,*	Tyaffie E. Lutman
6. *Mother's Maiden Name,*	Tyaffie E. Mulaney
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	John D. Lutman
9. *Father's Occupation,*	Distiller
10. *Father's Birthplace,*	Baltimore County.
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave
Remarks,	

WM. C. MULANY & SON, CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99821.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Dec. 31st 1887.
4. *Place of Birth, (Street and Number)*	1329 S. Charles St.
5. *Full Name of Mother,*	Minnie A. Swindell.
6. *Mother's Maiden Name,*	" Dorschell.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	David Lawson Swindell.
9. *Father's Occupation,*	Glassblower.
10. *Father's Birthplace,*	Balto. City.
Name, of Medical Attendant, or other person who makes this Return.	R. J. H. Talbert,
Address,	524 Sharp St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

49872.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 31st 1887

4. *Place of Birth, (Street and Number)* No 2230 Monument St.

5. *Full Name of Mother,* Katie Langer

6. *Mother's Maiden Name,* Rich

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Chas Langer

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Schultz

Address, No 528 Washington Str.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 79813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Thirty first Dec 1897
4. Place of Birth, (Street and Number) 1820 E. Madison St
5. Full Name of Mother, Mary Frolin
6. Mother's Maiden Name, Bachman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Frolin
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary A. Allwell

Address, 912 McDonough St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

9824.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, December 31, 1887.
4. Place of Birth, (Street and Number) No. 1708 Harford ave.
5. Full Name of Mother, Estelle Hunter.
6. Mother's Maiden Name, Estelle Clements.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Richard Hunter.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. Reg. R. Elwell, M.D.

Address, 1241 Harford ave.

Remarks,

SECTION 7. ... Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Dec 31
4. Place of Birth, (Street and Number) 300 S. Eaden St.
5. Full Name of Mother, Baily
6. Mother's Maiden Name, " Sax
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Miller
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return.

Address, Wm. Robbins Keplan

Remarks, 107 Penn St. Bras

child to report as Birth to the Commissioner of Health, in the manner and within the period above requires... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be... ...

RETURN OF A BIRTH 99826.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Dec. 31st 1887
4. Place of Birth, (Street and Number) 240 Harrison st.
5. Full Name of Mother, Roza Frank
6. Mother's Maiden Name.
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Frank
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

RETURN OF A BIRTH 19827.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 31st 1887
4. *Place of Birth, (Street and Number)* 1120 Little Madeira st
5. *Full Name of Mother,* Henrietta Wright
6. *Mother's Maiden Name,* Henrietta Heyward
7. *Mother's Birthplace,* Easternshore Md
8. *Full Name of Father,* William Henry Wright jr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Easternshore Md

Name of Medical Attendant, or other Person who makes this Return. Hariett jackson Intendance

Address, 1016 Douglas st

Remarks,

Report in Writing to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, all births occurring in the City of Baltimore; and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

99828

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) Colored

3. Date of Birth, Dec 31/87

4. Place of Birth, (Street and Number) 4th Street

5. Full Name of Mother, Mary Owens

6. Mother's Maiden Name, Mary Lucas

7. Mother's Birthplace, Md

8. Full Name of Father, Jno Owens

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Geo Gartland

Address,

Remarks,

RETURN OF A BIRTH 99829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Dec. 31, 1897
4. Place of Birth (Street and Number),	2307 Canton Ave.
5. Full Name of Mother,	Katherine Connell
6. Mother's Maiden Name,	Katherine Mears
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Isaac Connell
9. Father's Occupation,	House-carpenter
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	Mary A. Swayne
Address,	726 Eutaw St.
Remarks,	

Sec. ... And be it further enacted and ordained that every person practicing midwifery or superintendence a birth shall hereafter keep a register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 99830.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec 31 1887.
4. *Place of Birth, (Street and Number)*	906 Patapsco st.
5. *Full Name of Mother,*	Mary Wagner
6. *Mother's Maiden Name,*	Kessler
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Louis Wagner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Lohrasser Midwife
Address,	1032 Hanover st
Remarks,	

RETURN OF A BIRTH

99831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Archibald James Rennie Third.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 31st 1887
4. *Place of Birth, (Street and Number)*	802 Bloomer St
5. *Full Name of Mother,*	Sarah Keenan.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Rennie
9. *Father's Occupation,*	Brd. R. R. Employe
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other Person who makes this Return.	E. D. McLaney M.D.
Address,	2824 Eden St
Remarks,	

SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur from time to time, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to give information upon the subject immediately thereafter, in the manner and under the penalties required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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Section 7. ... further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct [illegible] and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH 99832.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Brown skin
3. *Date of Birth,*	December the 31st
4. *Place of Birth, (Street and Number)*	11 S Breveley
5. *Full Name of Mother,*	Ginny Slaten
6. *Mother's Maiden Name,*	Ginny Slaten
7. *Mother's Birthplace,*	Saint Marys Co Md
8. *Full Name of Father,*	George Stevens
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Portsmouth Virginia
Name of Medical Attendant, or other Person who makes this Return.	Lydia Somerville
Address,	Clinton ave
Remarks,	